

Personal Affairs

Exceptional Family Member Program

**Headquarters
Department of the Army
Washington, DC
24 May 1996**

Unclassified

AGENCY: DIRECTORATE OF PUBLIC WORKS

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
1. Standing operating procedure exists for processing exceptions to housing assignments.					
2. Facility is accessible to persons with disabilities.					
3. Quarters are specifically set aside for persons with disabilities.					
4. Requests for housing modifications are accommodated.					
5. Statistical data for DA Form 5864-R and other pertinent EFMP information are provided installation EFMP manager.					
6. Representative is provided to the installation EFMP committee.					

Personal Affairs

Exceptional Family Member Program



Togo D. West, Jr.
Secretary of the Army

History. This issue publishes a revised Army regulation.

Summary. This regulation outlines the policies and procedures for the Exceptional Family Member Program. It implements Department of Defense Directive 1342.17 and portions of Department of Defense Directive 1020.1. It also implements Department of Defense Instruction 1010.13, Department of Defense Instruction 1342.12, and Department of Defense Instruction 1342.14.

Applicability. The regulation applies to the Active Army, the Army National Guard in the United States (ARNGUS), and the U.S.

Army Reserve. It also applies to Department of the Army civilians and retired military personnel and their families.

Proponent and exception authority.

The proponent of this regulation is the Assistant Chief of Staff for Installation Management. The Assistant Chief of Staff for Installation Management has the authority to approve exceptions to this regulation that are consistent with controlling law and regulation. The Assistant Chief of Staff for Installation Management may delegate this authority, in writing, to a division chief within the proponent agency in the grade of colonel or the civilian equivalent.

Army management control process..

This regulation contains management control provisions in accordance with AR 11-2, but does not contain checklists for conducting management control reviews that are used to accomplish assessment of management controls.

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from ATTN DAIM-ZA, ASSISTANT CHIEF OF STAFF INSTALLATION MANAGEMENT, 600 ARMY PENTAGON, WASHINGTON DC 20310-0600.

Interim changes. Interim changes to this

regulation are not official unless they are authenticated by the Administrative Assistant to the Secretary of the Army. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested Improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521.

Committee Continuance Approval. The Department of the Army Committee Management Officer concurs in the continuance of the Headquarters, Department of the Army and installation Exceptional Family Member Program committees.

Distribution. Distribution of this publication is made in accordance with the requirements on DA Form 12-09-E, block number 2216, intended for command levels C, D, and E for the Active Army, D and E for the Army National Guard, and C, D, and E for the U.S. Army Reserve.

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Chapter 1 Program Management

Section I General

1-1. Purpose

This regulation establishes policies, responsibilities, and procedures for the Exceptional Family Member Program (EFMP).

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-2. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Statutory and Department of Defense requirements

a. Section 4151, et seq. title 42, United States Code, requires certain federally owned, leased, or funded buildings and facilities to be accessible to persons with physical disabilities.

b. Section 794, title 29, United States Code, prohibits discrimination based on disability in programs and activities receiving Federal financial assistance.

c. Section 1400, et seq. title 20, United States Code, requires free appropriate public education for all children with disabilities, to include special education and certain related services.

d. Section 921, et seq. title 20, United States Code, requires Department of Defense Dependents Schools (DODDS) to provide programs designed to meet the special needs of students with disabilities in locations outside the United States.

e. Department of Defense Directive (DODD) 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense, 31 March 1982, prohibits discrimination based on disability in programs and activities receiving Federal financial assistance disbursed by the Department of Defense in programs and activities conducted by the Department of Defense.

f. DODD 1342.17, Family Policy, 30 December 1988, establishes policies, assigns responsibilities, and prescribes procedures on family policy for DOD personnel (military personnel in an Active, National Guard, Reserve, or Retired status and civilian personnel) and their families.

g. Department of Defense Instruction (DODI) 1342.12, Education of Handicapped Children in the DOD Dependents Schools, 17 December 1981, establishes policies and procedures for providing a free appropriate public education to children with disabilities receiving or entitled to receive educational instruction from DODDS on a non-tuition paying basis. It also requires the military command responsible for medical care to provide medically related services to students with disabilities in DODDS.

h. DODI 1010.13, Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States, 28 August 1986, establishes policies and procedures to provide medically related services to children receiving or eligible to receive special education. It requires that, if medically related services are likely to be required or considered, military assignments be pinpointed to areas where resources are available and that medical centers be established in consultation with DODDS within designated areas of geographical responsibility outside the U.S. capable of providing necessary medically related services to support the needs of eligible beneficiaries. It also promotes the development of a coordinated network for health care provider training and delivery of medically related services.

i. DODI 1342.14, Monitoring of the Provision of Related Services to Handicapped Children in the DOD Dependents Schools, 25 August 1986, establishes policies and procedures for monitoring the provision of related services.

1-5. Concept

The EFMP, working in concert with other military and civilian agencies, is designed to provide a comprehensive, coordinated, multi-agency approach for medical, educational, community support, housing, and personnel services to families with special needs. Delivery of reimbursable and non-reimbursable services is based on legislative and DOD authority and Army policy.

1-6. Identification and enrollment

a. The following soldiers with exceptional family members (EFMs) (children and adults) will enroll in the EFMP.

(1) Active Army.

(2) U.S. Army Reserve (USAR) soldiers in the USAR-Active Guard Reserve (AGR) program and other USAR soldiers on active duty exceeding 30 days.

(3) Army National Guard AGR personnel serving under authority of title 10, United States Code (10 USC).

b. Participants in the EFMP are enrolled permanently in the program unless medical or special education needs warrant case closure or the soldier is separated from the Army. Soldiers are responsible for keeping the medical and/or special education needs documentation current as EFM condition changes or at least every 3 years whichever comes first. Procedures for periodic update and termination of enrollment are contained in paragraph 3-1b.

c. Soldiers who are members of the Army Married Couples Program will both enroll in the EFMP when they have a family member that qualifies. This process will ensure that the assignment manager of each sponsor considers the family's special needs.

d. Department of the Army civilians will identify dependent children with special education and medically related service needs and family members with medical needs each time they process for an assignment to a location outside the United States where family member travel is authorized at Government expense. Identification procedures are described in paragraph 3-3.

1-7. sanctions

a. Soldiers and Department of the Army (DA) civilians will provide accurate information as required by this regulation when requested to do so by authorized Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. DA civilians who refuse to provide such information will be denied the privilege of having their family members transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.

b. Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to initially enroll in EFMP, and who knowingly and willfully disregard the 3 year anniversary to update review of the EFM condition. (A false official statement is a violation of article 107, Uniform Code of Military Justice (UCMJ); knowing failure or refusal to enroll in the EFMP or willfully disregarding the mandatory update review of the EFM condition may constitute a dereliction of duty in violation of Article 92, UCMJ). These actions will include at a minimum a general officer letter of reprimand. However, a letter of reprimand must be based on evidence that the soldier willfully refused enrollment knowingly provided false information either regarding special education or medical services or both, or disregarded the requirement to periodically update the condition of the family member (at least every 3 years).

c. The fact that a civilian employee has a dependent child with special education and medically related service needs or a family member with medical needs cannot be the basis for nonselection for a position outside the United States. However, knowingly providing false information or concealing such information may subject an employee to criminal prosecution and administrative disciplinary action.

1-8. Objectives of the Exceptional Family Member Program

The following are objectives of the EFMP:

- a. To provide certain reimbursable and nonreimbursable medically related services to children with disabilities per DODI 1342.12 with the same priority as medical care to the active duty soldier.
- b. To assess, document, and code the special education and medical needs of eligible family members in all locations, and forward these coded needs to the military personnel agencies in paragraph 3-1 for consideration during the assignment process.
- c. To consider the medical needs of the EFM during the continental United States (CONUS) and outside the continental United States (OCONUS) assignment process. To consider the special education needs of the EFM during the OCONUS assignment process (excludes Alaska and Hawaii). To assign soldiers to an area where the EFM's medical and special education needs can be accommodated, provided there is a valid personnel requirement for the soldier's grade and specialty.
- d. To provide a mechanism for DA civilians to—
 - (1) Inform the Department of Defense Dependents Schools of the arrival of dependent children with special education and medically related service needs.
 - (2) Inform the gaining medical activity of the arrival of family members with medical needs.
- e. To ensure that all eligible family members receive information and assistance needed to involve them with community support services to meet their needs.
- f. To ensure facility and program accessibility to individuals with disabilities. (See AR 600-7.)

1-9. General prohibitions against discrimination

a. No qualified person with a disability will, on the basis of disability, be excluded from participation in, be denied the benefit of, or otherwise be subjected to discrimination under the EFMP in any program or activity that receives or benefits from Federal financial assistance disbursed by HQDA. (See AR 600-7.)

b. Each EFMP component will make reasonable accommodation to the known physical or mental limitations of an otherwise qualified person. An exception is if the installation commander demonstrates to the Assistant Secretary of the Army (Manpower and Reserve Affairs) or designee that the accommodation would impose an undue hardship on the operation of the program. Reasonable accommodation includes the following:

- (1) Making facilities readily available, usable, and accessible to persons with disabilities.
- (2) Acquisition or modification of equipment or devices, such as telecommunication devices for the deaf or other electronic devices for impaired sensory, manual, or speaking skills.
- (3) Provision of readers or sign-language interpreters.
- (4) Wide dissemination of information on how persons with disabilities can access services.

Section II Responsibilities

1-10. Assistant secretary of the Army (Manpower and Reserve Affairs)

The Assistant Secretary of the Army (Manpower and Reserve Affairs) will provide a civilian personnel representative to the HQDA EFMP committee.

1-11. Assistant Chief of Staff for Installation Management

The Assistant Chief of Staff for Installation Management (ACSIM) will—

- a. Develop policy guidance to implement the EFMP.
- b. Be the program manager for the Army Family Housing (AFH) and Military Construction, Army appropriations.
- c. Serve as the functional manager for the AFH, Unaccompanied

Personnel Housing, and Guest House programs including the Operation, Administration, and Furnishings (H) Account of the Operation and Maintenance, Army appropriation.

d. Develop policy and procedures for the administration, operation, and management of the Army's housing programs.

e. Designate the Chief, Army Housing Division of the Directorate for Facilities and Housing as advisor and executive agent for the ACSIM in matters pertaining to the day-to-day operation and management of Army housing programs. As such, the Chief will perform as functional manager for the execution of Army housing programs and provide a representative to the HQDA EFMP committee.

1-12. The Chief of Public Affairs

The Chief of Public Affairs will—

a. Develop communications strategy and policy and advise the HQDA EFMP committee members on policy regarding the release of information.

b. Provide feedback to the HQDA EFMP committee on the effectiveness of the communications strategy.

c. Provide a representative to the HQDA EFMP committee.

1-13. The Judge Advocate General and the Chief of Chaplains

The Judge Advocate General (TJAG) and the Chief of Chaplains (CCH) assignment authorities will maintain and use computer hard copy printout of EFMP Summary provided by PERSCOM in assignment considerations for officer personnel under their control.

1-14. Chief, Army Reserve

The Chief, Army Reserve (CAR), will—

a. Implement and maintain a system for assessing the needs of EFMs in the military personnel assignment process.

b. Coordinate with OCONUS travel approval authorities to determine availability of services for the soldier's EFM. (See para 3-2.)

c. Coordinate with ACS on CONUS installations to determine availability of services for the soldier's EFM. (See para 3-2.)

d. When possible, assign soldiers to an area where the special needs of their EFM can be accommodated per paragraph 2-1.

e. Consider, when possible, alternate assignments for soldiers when family travel or command sponsorship OCONUS is disapproved due to lack of general medical care or soldiers are pending assignment to a CONUS location where care for the EFM is not available.

f. Assign soldiers with children who have educational disabilities within the Army area of geographic responsibility for the provision of medically related services when consistent with the needs of the Army and the career progression of the soldier.

g. Notify soldiers of EFMP enrollment.

h. Remind soldiers of their responsibility to update EFMP enrollment at least by the 3 year anniversary.

i. Provide statistical reports as required

j. Provide a representative to the HQDA EFMP committee.

1-15. Chief, National Guard Bureau

The Chief, National Guard Bureau (CNGB), will—

a. Implement and maintain a system for assessing the needs of EFMs in the military personnel assignment process.

b. Coordinate with OCONUS travel approval authorities to determine availability of services for the soldier's EFM. (See para 3-2.)

c. Coordinate with ACS on CONUS installations to determine availability of services for the soldier's EFM. (See para 3-2.)

d. When possible, assign soldiers to an area where the special needs of their EFM can be accommodated per paragraph 2-1.

e. Consider, when possible, alternate assignments for soldiers when family travel or command sponsorship OCONUS is disapproved due to lack of general medical care or soldiers are pending assignment to a CONUS location where care for the EFM is not available.

f. Assign soldiers with children who have educational disabilities within the Army area of geographic responsibility for the provision

of medically related services when consistent with the needs of the Army and the career progression of the soldier.

- g. Notify soldiers of EFMP enrollment.
- h. Remind soldiers of their responsibility to update EFMP enrollment at least by the 3 year anniversary.
- i. Provide statistical reports as required.
- j. Provide a representative to the HQDA EFMP committee.

1-16. Commanding General, U.S. Army Community and Family Support Center

The Commanding General, U.S. Army Community and Family Support Center (USACFSC), will perform the following functions for the ACSIM:

a. To the extent permitted by law, formulate DA policy on EFMP using the following criteria

(1) Does the action strengthen or erode the stability of the family and, particularly, the marital commitment?

(2) Does the action strengthen or erode the authority and rights of parents in the education, nurture, and supervision of their children?

(3) Does the action increase or decrease family earnings? Do the proposed benefits of the action justify the impact on the family budget?

(4) Can the activity be carried out by a lower level of Government or by the family itself?

(5) What message, intended or otherwise, does the program send to the public concerning the status of the family?

(6) What message does the program send to young people concerning the relationship between their behavior, their personal responsibility, and the norms of our society.

b. Ensure that soldiers, civilians, and their families are informed of the policy in this regulation.

c. Ensure that EFMPs are developed based on installation-specific needs and mission requirements.

d. Analyze major Army command (MACOM) and installation EFMP program reports and resource requirements.

e. Coordinate and submit EFMP resource requirements through budget channels.

f. Ensure that EFMP activities are allocated the resources required to accomplish their mission, as developed by installation commanders in coordination with subclaimants, MACOMs, and Army headquarters.

g. Ensure that EFMP activities collaborate with other military and civilian agencies to maximize use of allocated resources.

h. Develop and implement a program evaluation system to assess service effectiveness and efficiency of overall EFMP operations, and to ensure that results of the evaluation process are included in plans for program improvement.

i. When related services of a medical nature are at issue, ensure that DOD monitoring team recommendations (including those to be furnished through an interagency agreement) are promptly implemented, unless otherwise directed by the Assistant Secretary of Defense (Personnel and Readiness) in consultation with the Assistant Secretary of Defense (Health Affairs).

j. Ensure that medically related service program implementation plans are submitted to the Assistant Secretary of Defense (Health Affairs).

k. Establish and chair a multiagency HQDA EFMP committee. Members will include, at a minimum, representatives from the Army Community Service (ACS), Child Development Services (CDS), the U.S. Army Medical Command (USAMEDCOM), U.S. Total Army Personnel Command (PERSCOM), the Office of the ACSIM, the National Guard Bureau, the Office of the Chief of Army Reserve, the Office of the Chief of Public Affairs, and the Office of the Assistant Secretary of the Army (Manpower and Reserve Affairs). This committee will advise USACFSC on EFMP issues.

l. Provide technical assistance through CONUS and OCONUS field visits.

m. Monitor compliance with this regulation and DODI 1342.14.

n. Sponsor training workshops for MACOM and installation personnel.

o. Develop guidance for family-find activities in coordination with USAMEDCOM and DODDS.

p. Approve memorandums of understanding (MOUs) among, Army, MACOM staffs, and DODDS.

q. Ensure that EFMP research and program evaluation are directed towards an increased understanding of the following:

(1) The relationship between family factors, readiness, and retention.

(2) Factors that make a family support system effective and efficient from a command perspective, as well as for individuals being served.

(3) The effect of the mobile military lifestyle on soldiers, civilians, and their families.

(4) Soldiers, civilians, and their families (for example, their strengths, needs, and demographic characteristics).

(5) The impact of mobilization on family support systems and its effect on soldiers, civilians, and their families.

1-17. Commanding General, U.S. Total Army Personnel Command

The Commanding General, U.S. Total Army Personnel Command (PERSCOM), will—

a. Implement and maintain an automated data system for assessing the needs of EFM in the military personnel assignment process.

b. Coordinate with OCONUS travel approval authorities to determine availability of services for the soldier's EFM. (See para 3-2.)

c. Coordinate with ACS on CONUS installations to determine availability of services for the soldier's EFM. (See para 3-2.)

d. When possible, assign soldiers to an area where the special needs of their EFM can be accommodated per paragraph 2-1.

e. Consider, when possible, alternate assignments for soldiers when family travel or command sponsorship OCONUS is disapproved due to lack of general medical care or soldiers are pending assignment to a CONUS location where care for the EFM is not available.

f. Assign soldiers with children who have educational disabilities within the Army area of geographic responsibility for the provision of medically related services when consistent with the needs of the Army and the career progression of the soldier.

g. Notify soldiers of EFMP enrollment.

h. Remind soldiers of their responsibility to update EFMP enrollment at least by the 3 year anniversary.

i. Provide annual reports of prevalence rates of disabling conditions among military family members and other reports as required.

j. Coordinate with ACSIM, USACFSC, USAMEDCOM, and DODDS in accomplishing responsibilities in a through k above.

k. Provide technical support to USACFSC in monitoring compliance with this regulation and DODI 1342.14.

l. Provide a representative to participate in CONUS and OCONUS technical assistance visits with USACFSC and USAMEDCOM.

m. Provide a representative to the HQDA EFMP committee.

1-18. Commander, U.S. Army Medical Command

The Commander, U.S. Army *Medical* Command will—

a. Designate an EFMP director and appropriate staff at the command level to manage and supervise the EFMP.

b. Provide technical and professional guidance to the ACSIM and CG, USACFSC regarding policy related to all aspects of the Army EFMP to include—

(1) Assessing and coding the special education and medical needs of family members.

(2) Level of general medical care and medically related, services to be provided in Army areas of responsibility worldwide consistent with the assignment needs of the Army.

c. Ensure that procedures are implemented for OCONUS family member deployment screening per this regulation.

d. Ensure that procedures are implemented for screening family

members for enrollment in EMFP during the provision of routine health services.

e. Ensure that procedures are implemented to refer soldiers for enrollment in EFMP immediately upon diagnosis of an eligible EFMP condition of a family member.

f. Assist USACFSC in developing guidance for family-find activities.

g. Ensure that technical and professional guidance is provided to medical treatment facilities (MTF) commanders and designees and 1st PERSCOM regarding medical aspects of the EFMP.

h. Provide necessary travel funding for Army representatives on the DOD team monitoring the provision of related services to children with disabilities in DODDS.

i. Ensure that the necessary technical assistance and logistical support is provided to the DOD team monitoring the provision of related services to children with disabilities in DODDS during visits to facilities for which they are responsible.

j. Analyze medical department activity (MEDDAC) and medical center (MEDCEN) budget submissions to formulate resource requirements.

k. Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.

l. Allocate and distribute budget resources to Health Service Support Areas (HSSAs).

m. Submit program personnel requirements through the total Army analysis process.

n. Allocate program personnel resources to MEDDAC and MEDCEN.

o. Distribute authorizations and ensure assignment of staff to EFMP.

p. Ensure that Army Medical Department (AMEDD) resources are allocated per health care provider workload standards and performance levels developed under the direction of the Assistant Secretary of Defense (Health Affairs).

q. Ensure the cooperation and coordination among AMEDD, the offices of the other Surgeons General, and DODDS with respect to implementation of this regulation.

r. Share appropriate information with medical and personnel officers, when providing medically related services becomes the responsibility of another military department.

s. Ensure development and implementation of an AMEDD EFMP quality improvement program to include screening, evaluation, coding, and treatment.

t. Identify and initiate changes to appropriate AMEDD training programs to include screening, diagnosis and treatment of medical and educational EFMP conditions, training for family-find activities, EFM evaluation, and management skills.

u. Ensure that continuing and graduate medical education programs and positions exist to train necessary military physicians and medically related service providers to staff the EFMP.

v. Ensure provision of orientation training programs for new health professionals assigned to locations outside the United States. These programs will address diagnostic and treatment methods and responsibilities to provide medically related services per this regulation.

w. Ensure that training is available for each health-care provider serving as a member of a Case Study Committee (CSC). This training will include information about the roles and responsibilities of the CSC and the development of an individualized education program (IEP).

x. Ensure the provision of inservice training on medically related services to educational, legal, line, and other suitable personnel, if requested and feasible.

y. Ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

z. Sponsor training workshops for EFMP personnel as needed and as funds permit.

aa. **Coordinate medical pilot and research projects with USACFSC.**

ab. Provide technical support to USACFSC in monitoring compliance with this regulation and DODI 1342.14.

ac. Provide a representative to participate in CONUS and OCONUS technical assistance visits with USACFSC and PERSCOM.

ad. Provide a representative to the HQDA EFMP committee.

1-19. **Commander, 18th Medical Command, Korea**

The Commander, 18th Medical Command will—

a. Designate an EFMP director and appropriate staff at the command level to manage and supervise the EFMP.

b. Provide technical and professional guidance to medical treatment facility (MTF) commanders and designees and 8th PERSCOM regarding medical aspects of the EFMP.

c. Provide necessary technical assistance and logistical support to the DOD team monitoring the provision of related services to children with disabilities in DODDS during visits to facilities for which they are responsible. Cooperate with the monitoring team including making all pertinent records available to the team.

d. Ensure that procedures are implemented for OCONUS family member deployment screening per this regulation.

e. Ensure that procedures are implemented for screening family members for enrollment in EFMP during the provision of routine health services.

f. Ensure that procedures are implemented to refer soldiers for enrollment in EFMP immediately upon diagnosis of an eligible EFMP condition of a family member.

g. Analyze MTF budget submissions to formulate resource requirements.

h. Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.

i. Submit program personnel requirements through the total Army analysis process.

j. Allocate program personnel resources to MTFs.

k. Distribute authorizations and ensure assignment of staff to EFMP.

L Review and make recommendations on inter- and intra-theatre transfers and permanent change of station (PCS) requests regarding family members with medical needs.

m. Conduct staff assistance visits to ensure care is consistent with program goals and missions.

n. Provide onsite evaluation and technical assistance.

o. Establish a continuing medical education program for EFMP personnel.

p. Establish a system to ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

q. Sponsor training workshops for EFMP personnel as needed and as funds permit.

r. Provide pertinent EFMP data requested by USACFSC.

s. Provide a representative to DODDS regional meetings as required.

t. Ensure provision of orientation training programs for new health professionals assigned to locations outside the United States. These programs will address diagnostic and treatment methods and responsibilities to provide medically related services per this regulation.

u. Ensure training is available for each health-care provider serving as a member of a CSC. This training will include information about the roles and responsibilities of the CSC and the development of an IEP.

v. Ensure the provision of inservice training on medically related services to educational, legal, line, and other suitable personnel, if requested and feasible.

1-20. **Commanders of major Army commands**

Commanders of major Army commands (MACOMs) will—

a. Manage and supervise the overall operation of MACOM EFMPs to ensure compliance with this regulation and (to the extent

permitted by law) the criteria in paragraph 1-16a. Gaining commanders who are responsible for making pinpoint assignments will ensure soldier's EFMP needs are considered in the assignment process.

b. Designate the DCSPER/G1/J1 as the EFMP proponent who will designate an EFMP manager in ACS to coordinate all components of the program at the MACOM level.

c. Support the EFMP in the budget process. Guidance to MACOMs is included in the annual Army guidance for programming, planning, and budgeting. MACOMs should use those documents as their basis for developing and programming efforts that support the improvement in the EFMP. The MACOMs should use the program analysis and resource review process to request resources in support of new requirements or increased levels of support for the existing program within the scope of the annual Army guidance (I-IV) and Program and Budget Guidance.

d. Allocate MACOM EFMP resources.

e. Ensure DA civilian employees are able to gain access to comprehensive information on communities outside the United States.

f. Ensure that ACS on CONUS installations, in coordination with MTF managed care office, provides timely and accurate responses to inquiries from military personnel agencies on the availability of services.

g. Establish controls to ensure that personal information contained in EFMP documentation is properly safeguarded to prevent unauthorized disclosure per AR 340-21.

1-21. Commanders, U.S. Army Medical Command Health Service Support Areas In the United States

These commanders will—

a. Designate an EFMP medical director to manage and supervise the overall medical operation of EFMP throughout the region. This individual will be a member of the installation EFMP committee.

b. Provide necessary logistical support to ensure the effective operation of the EFMP throughout the HSSA.

c. Implement OCONUS family member deployment screening per paragraph 2-1b.

d. Ensure that family members have the same priority as active duty military for purposes of OCONUS family member deployment screening and evaluation.

e. Ensure the provision of accurate information to families with EFMs regarding benefits of TRICARE, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and managed care program.

f. Identify, coordinate, and submit EFMP resource requirements through budget channels to USAMEDCOM.

g. Ensure that appropriate personnel are hired and assigned to the MTFs for the EFMP.

h. Ensure the following at a MEDCEN with regional responsibility and where a coding team has been established.

(1) Special education and medical needs are coded per paragraph 3-1.

(2) Consultation is provided in developmental pediatrics, nursing, speech and language pathology, physical and occupational therapy, clinical child psychology, and social work service to family members.

(3) Training and technical assistance including staff assistance visits are provided to the MTFs within their areas of responsibility regarding all aspects of this regulation.

(4) Education is provided in identification and referral of EFMs, care of children with disabilities, and responsibilities of CSC members to appropriate medical training programs.

1-22. Commander, U.S. Army Medical Command Health Service Support Area outside the United States

The commander will—

a. Carry out the responsibilities in paragraphs 1-21, a through h, in addition to the items listed below.

b. Provide technical and professional guidance to MTF commanders and designees and 1st PERSCOM regarding medical aspects of the EFMP.

c. Provide necessary technical assistance and logistical support to the DOD team monitoring the provision of related services to children with disabilities in DODDS during visits to facilities for which they are responsible. Cooperate with the monitoring team including making all pertinent records available to the team.

d. Analyze MTF budget submissions to formulate resource requirements.

e. Submit program requirements through budget channels to higher level command for personnel, training, travel, supplies, contracts, and equipment.

f. Allocate and distribute budget resources to MTFs.

g. Submit program personnel requirements through the total Army analysis process.

h. Allocate program personnel resources to MTFs.

i. Distribute authorizations and ensure EFMP staffing requirements.

j. Review and make recommendations on inter- and intra-theater transfers and PCS requests regarding family members with medical needs.

k. Conduct staff assistance visits to ensure care is consistent with program goals and missions.

l. Provide onsite evaluation and technical assistance.

m. Establish a continuing medical education program for EFMP personnel.

n. Establish a system to ensure that EFMP personnel provide training to MTF personnel on screening, referral, evaluation, and treatment procedures.

o. Sponsor training workshops for EFMP personnel as needed and as funds permit.

p. Provide a representative to DODDS regional meetings as required.

q. Ensure provision of orientation training programs for new health professionals. These programs will address diagnostic and treatment methods and responsibilities to provide medically related services per this regulation.

r. Ensure that training is available for each health-care provider serving as a member of a CSC. This training will include information about the roles and responsibilities of the CSC and the development of an IEP.

s. Ensure the provision of inservice training on medically related services to educational, legal, line, and other suitable personnel, if requested and feasible.

1-23. Commanders of OCONUS travel approval authorities These commanders will—

a. Coordinate with medical and educational representatives to determine the availability of required services.

b. Respond to inquiries from PERSCOM, U.S. Army Reserve Personnel Center, and National Guard Personnel Center within 30 days on the availability of required services.

1-24. Installation commander

Installation commanders will—

a. Have overall responsibility for the EFMP per AR 5-3.

b. Identify EFMP component resource requirements (except medical) and include requirements in the appropriate process for resource planning, budgeting, staffing, acquisition, or construction process.

c. Assign the Director of Personnel and Community Activities or Director of Community Activities as installation EFMP proponent who will designate an EFMP manager within ACS to coordinate all components of the EFMP (ACS, MTF, military personnel division (MPD)/personnel service company (PSC), civilian personnel office (CPO), Directorate of Public Works (DPW), staff judge advocate (SJA), CDS, youth services (YS), community recreation, public affairs office, and schools) at the installation level.

d. Establish a multiagency EFMP committee, with the installation EFMP manager as chair, to advise the commander on EFMP issues,

and take final approval or other action on meeting minutes. The committee may be a subcommittee of the Human Resource Council.

e. Inform soldiers of their responsibility for the care and welfare of their family members and the availability of services.

f. Inform the soldier that his or her participation in the program will not adversely affect selection for promotion, schools, or assignment.

g. Advise the soldier of provisions in this regulation.

h. Establish procedures for identifying soldiers with EFM's who refuse to enroll in the EFMP according to paragraph 1-7.

i. Ensure that reassignment processing (to include OCONUS family member deployment screening) is completed within 30 days of the Enlisted Distribution Assignment System (EDAS) cycle and Officer Request for Orders (RFO) date.

1-25. Installation Exceptional Family Member Program managers

Installation EFMP managers will—

a. Advise the installation commander and supported troop commanders of EFMP issues that affect their soldiers.

b. Serve as chair of the installation EFMP committee and, at a minimum, conduct meetings quarterly. If the committee is not in existence, submit appropriate documents to the installation commander to establish such a committee. The committee may be a subcommittee of the Human Resource Council. The EFMP manager will—

(1) Provide comprehensive minutes to the installation commander for approval and furnish a copy to the MTF commander.

(2) Maintain approved minutes on file under file number 608-75a and destroy minutes when no longer needed for current operations.

(3) Include, at a minimum, representatives from ACS, MTF, MPD/PSC, CPO, DPW, SJA, CDS, YS, community recreation, public affairs office, and schools. One or more representatives of EFM's or parents of EFM's are invited to participate when appropriate.

c. Establish a special needs resource team (SNRT) as a subcommittee of the installation EFMP committee and serve as a member of the SNRT, and assume or designate a chairperson of the team.

(1) The team will—

(a) Explore child care and youth activities options for children with special needs in installation child and youth programs.

(b) Determine child, youth, and family care options for care add activities considering feasibility of program accommodation and availability of technical support.

(c) Recommend placement that accommodates to the extent possible the child or youth's individual needs and parent mission requirements and preference for care/activity setting.

(d) Perform secondary functions of technical support, need for increased staff/provider support, make referral to special education/services, and conduct periodic placement review of children enrolled in installation child and youth programs.

(2) Members, in addition to the installation EFMP manager, will include the community health nurse, CDS coordinator, YS program manager, other program **managers** who work in the care/activity setting in which placement is being considered, and parents of the child. The team can be augmented by the child's, primary medical care provider, psychologist, assigned social worker, therapists, early intervention program personnel as appropriate. Consultation may be provided by other health care professionals.

(3) The installation EFMP manager will coordinate care for the child/youth, as part of the individualized family service plan or the IEP, with the SNRT.

d. Participate in inservice and ongoing professional training.

e. Submit annual EFMP budget request to the ACS director.

f. Develop an installation EFMP standing operating procedure.

g. Track installation EFMP participants using documents provided by MTF EFMP staff, MPD/PSC, and other authoritative sources.

h. Prepare and forward the Exceptional Family Member Program Report through MACOM to COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521. (See chap 4.)

i. Assess relocating soldier's EFM housing and community support needs (for example, ACS, CDS, YS, and community recreation) prior to departure. Share required service information with the gaining CONUS installation EFMP manager or OCONUS MACOM EFMP manager who will notify the affected installation agencies prior to EFM's arrival.

j. Assist families in developing solutions to individual and community EFM issues and problems (for example, inaccessible facilities and programs) and inform and advise the installation commander of EFM needs and resource requirements.

k. Monitor compliance with this regulation at least annually using DA Form 7351-R (Exceptional Family Member Program (EFMP) Assessment Guide). Provide a copy of the completed guide to the appropriate installation management control office. DA Form 7351-R will be reproduced on 8 1/2- by 11-inch paper. A copy for reproduction is located at the back of this regulation.

1-26. Medical treatment facility commanders

MTF commanders will—

a. Designate an EFMP medical chief to manage and supervise the overall medical operation of EFMP. This individual will be a member of the installation EFMP committee.

b. Identify, coordinate, and submit EFMP resource requirements through budget channels to the HSSA.

c. Provide necessary logistical support.

d. Ensure that appropriate personnel are hired and assigned to the MTF.

e. Ensure that EFMP staff are involved in the MTF quality improvement program and managed care program.

f. Implement OCONUS family member deployment screening per paragraph 2-1b.

g. Ensure that family members have the same priority as active duty military for purposes of OCONUS family member deployment screening and evaluation.

h. Ensure that the DA Form 7246-R (Exceptional Family Member Program (EFMP) Screening Questionnaire) is completed by soldier or adult family member prior to face-to-face screening (includes OCONUS family member deployment screening and other screening determined appropriate by ACSIM, USACFSC, and medical commands). Ensure that original questionnaire is retained in the MTF EFMP office until disposition instructions are issued by AR 25-400-2 and a copy of questionnaire is provided to soldier or adult family member upon request.

i. Direct health care providers to—

(1) Screen family members (adults and children) for possible enrollment in EFMP during routine health care services.

(2) Note on the DA Form 5571 (Master Problem List) and the SF 600 (Health Record-Chronological Record of Medical Care) at least annually that the examined or treated family member does or does not have a condition which warrants referral for EFMP evaluation and enrollment.

(3) Note on the SF 600 that a referral has been made to the MTF EFMP point of contact when the family member is a possible EFMP enrollee.

j. Direct physicians to refer soldiers for enrollment in EFMP immediately upon diagnosis of an eligible condition of a family member.

k. Ensure the provision of accurate information to families with EFM's regarding benefits of TRICARE, CHAMPUS, and managed care program.

l. Appoint an individual from the managed care office to serve on the installation EFMP committee.

m. Ensure that the managed care office provides support to ACS in their efforts to collect military and civilian health-related data in the United States. Ensure that the managed care office assists ACS in reporting to military personnel agencies on available services.

n. Provide statistical data for DA Form 5864-R (Exceptional Family Member Program (EFMP) Report) and other pertinent information on EFMP to the installation EFMP manager. Approve the DA Form 5864-R prior to MACOM submission:

1-27. Medical treatment facility Exceptional Family Member Program medical chiefs In the United States

These chiefs will—

- a. Manage and supervise the overall medical operation of EFMP.
- b. Ensure that eligible EFMs are coded and EFMP Summary is forwarded for enrollment per paragraph 3-1.
- c. Appoint a single appropriate EFMP administrative point of contact who will—

(1) Maintain records which reflect actual patient visits and record screening workload.

(2) Review and annotate completed evaluation and coding actions in the MTF EFMP suspense file.

(3) Publish within the MTF EFMP medical and educational indications for enrollment. (See app B.)

(4) Forward face sheet information on the DA Form 5862-R (Army Exceptional Family Member Program Medical Summary) and DA Form 5291-R ((Army Exceptional Family Member Program Educational Summary) to the installation EFMP manager when a family member is enrolled or warrants enrollment in the program.

(5) Refer soldiers and family members to installation EFMP manager for community support services.

- d. Report medical resourcing needs to the MTF commander.
- e. Plan for and effectively use resources allocated to EFMP.
- f. Be responsible for staff training and external and internal in-service programs.
- g. Establish standing operating procedures.
- h. Provide professional technical assistance, in coordination with ACS, in the development and execution of family-find activities.
- i. Attend the installation EFMP committee meeting.
- j. Provide or coordinate medical evaluations for disabling conditions of EFMs from birth to 21 years of age and assistance to adult EFMs in concert with the capabilities of the local MTFs.
- k. Participate in the MTF quality improvement program.
- l. Provide medical treatment at locations in the United States per paragraph 2-3.

1-28. Medical treatment facility Exceptional Family Member Program medical chiefs outside the United States

These chiefs will—

- a. *Carry* out the responsibilities in paragraphs 1-27a through k in addition to the items listed below.
- b. Ensure that eligible EFMs are coded and EFMP Summary is forwarded for enrollment per paragraph 3-1 a.
- c. Provide medical treatment outside the United States per paragraph 2-3.
- d. Supervise multidisciplinary medical teams.
- e. Ensure that multidisciplinary medical teams do the following:
 - (1) Provide multidisciplinary evaluations of children referred by a DODDS CSC within the timeframe specified by the CSC.
 - (2) Provide appropriate written or in-person input to the CSC as it is considering questions of eligibility or IEP development.
 - (3) Provide the medically related services stipulated by the IEP for DODDS students outside the United States with the same priority as medical care to the active duty soldier.
 - (4) Provide training as requested by ACS or installation commander staff regarding various conditions that cause educational disabilities and health care specific issues.
 - (5) Respond immediately to reports of unavailability of medically related services filed by DODDS,
 - (6) Implement and document quality improvement procedures.
 - (7) Provide written summary to DODDS of each student's progress in therapy as specified in local MOUs.
- f. Serve as the medically related services liaison officer to—
 - (1) Provide liaison between MTF and DODDS.
 - (2) Offer, on a consultative basis, training for DODDS personnel on medical aspects of specific disabilities.
 - (3) Offer consultation and advice (as needed) regarding the health services provided by the school (for example, tracheotomy care, tube feeding, and speech and language therapy).

(4) Participate with DODDS and legal personnel in developing and delivering inservice training programs that include familiarization with various conditions that interfere with a child's educational endeavors, the relationship of medical findings to educational functioning, medically related services, and this regulation.

1-29. Army training center commanders

These commanders will—

- g. Establish EFMP standing operating procedure.
- b. Query initial entry training (IET) soldiers about an EFM during reception battalion inprocessing. Refer soldiers with known or suspected EFMs to the installation EFMP manager for assessment. Provide weekly rosters of referred soldiers to the installation, EFMP manager.
- c. Ensure that all IET soldiers are briefed on the EFMP prior to their departure for their first duty station.

1-30. Commander of CONUS and OCONUS military personnel divisions and personnel service companies

These commanders will—

- a. Establish EFMP standing operating procedure.
- b. Query soldiers about an EFM during inprocessing, readiness processing, during reassignment interview, and outprocessing. Refer soldiers with known or suspected EFMs to the installation EFMP manager for assessment. Provide weekly rosters of referred soldiers to the installation EFMP manager.
- c. Implement family member deployment screening per paragraph 2-1b.
- d. Expedite processing of DA Form 4787-R (Reassignment Processing) and DA Form 5888-R (Family Member Deployment Screening Sheet) and all EFMP documentation. DA Form 4787-R is prescribed by AR 600-8-11. A copy of DA Form 5888-R for reproduction is located at the back of this regulation. It will be reproduced on 8 1/2- by 11-inch paper.
- e. Defer soldiers with EFMs (excluding advanced individual training soldiers) until notification is received from OCONUS travel approval authority about availability of EFM services.
- f. Provide local statistical data and other pertinent information on the EFMP to the installation EFMP coordinator.
- g. Provide a representative to the installation EFMP committee.

1-31. Chiefs of civilian personnel offices

Chiefs of CPOs will—

- a. Establish EFMP standing operating procedure.
- b. Identify and process civilian employees who are relocating outside the United States with dependent children who have special education and medically related service needs. (See para 3-3 and app C.)
- c. Identify and process civilian employees who are relocating outside the United States with family members who have medical needs. (See para 3-3 and app D.)
- d. Forward completed EFMP forms for civilian employees relocating outside the United States to DODDS point of contact and/or gaining medical activity and COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521. (See para 3-3.)
- e. Establish procedures for identifying and imposing sanctions against those civilian employees with EFMs who refuse to participate in the EFMP according to paragraph 1-7.
- f. Provide statistical data for DA Form 5864-R and other pertinent information on the EFMP to the installation EFMP manager.
- g. Provide a representative to the installation EFMP committee.

1-32. Installation staff judge advocates

Installation SJAs will—

- a. Provide legal advice to installation and DODDS personnel on official matters under this regulation. Legal advice to DODDS personnel will be provided only when requested and only after coordination with DODDS General Counsel.
- b. Provide a representative to the installation EFMP committee.

1-33. Installation public affairs officers

Installation public affairs officers (PAOs) will—

- a. **Conduct** media campaigns to increase community awareness of the EFMP.
6. Be the only release authority for information to the public, with the exception of information responding to Freedom of Information Act and/or Privacy Act (FOIA/PA) requests. FOIA/PA requests will be processed and released by the appropriate installation FOIA/PA official.
- c. Monitor the communications efforts and provide guidance to the installation EFMP committee and the installation commander.
- d. Inform internal audiences of the program and provide the installation commander with feedback on the effectiveness of the communication program.
- e. Provide a representative to the installation EFMP committee.

1-34. Directors of Public Works

These directors will—

- a. Establish EFMP standing operating procedure.
- b. Provide engineering and funding guidance concerning facility modernization and construction.
- c. Provide and use housing guidance according to AR 210-50.
- d. Provide statistical data for the DA Form 5864-R and other pertinent information on the EFMP to the installation EFMP manager.
- e. Provide a representative to the installation EFMP committee.

1-35. Child development services coordinators

CDS coordinators will—

- a. Establish EFMP standing operating procedure for CDS programs.
- b. Ensure all CDS delivery systems (child development centers, family child care homes, and supplemental programs and services options) are available to children with disabilities as determined through the SNRT process.
- c. Outline technical assistance requirements to the installation EFMP manager prior to CDS delivery of services for children with disabilities.
- d. Ensure that special needs training is provided to CDS staff.
- e. Provide local statistical data and other pertinent information on EFM children served by CDS to the installation EFMP manager.
- f. Ensure CDS representation on both the installation EFMP committee and the SNRT.
- g. Work with the installation EFMP committee to identify funding sources to support CDS special needs inclusion costs.
- h. Coordinate with the SNRT on youth identified as needing transition from CDS to YS programs and activities.

1-36. Youth services program managers

These managers will—

- a. Establish EFMP standing operating procedure for YS programs and activities.
- b. Ensure all YS programs and activities are available to youth with disabilities as determined through the SNRT process.
- c. Outline technical assistance requirements to the installation EFMP manager prior to delivery of services for youth with disabilities.
- d. Coordinate with the SNRT on youth identified as needing transition from CDS to YS programs and activities.
- e. Ensure that special needs training is provided to YS staff.
- f. Ensure YS representation on both the installation EFMP committee and the SNRT.
- g. Provide local statistical data and other pertinent information on EFM youth served by YS to the installation EFMP manager.
- h. Work with the installation EFMP committee to identify funding sources to support YS special needs inclusion costs.

1-37. Community recreation division chiefs and program managers

These chiefs and managers will—

- a. Establish EFMP standing operating procedure.
- b. Ensure that individuals with disabilities are provided reasonable accommodation and included in all community recreation program planning.
- c. Outline technical assistance requirements to the installation EFMP manager prior to delivery of services for individuals with disabilities.
- d. Provide local statistical data and other pertinent information on the EFMP to the installation EFMP manager.
- e. Provide a representative to the installation EFMP committee.

Chapter 2 Policy

2-1. Military personnel

- a. Assignment policies.
 - (1) Assignment managers will consider the documented special education and medical needs of family members in the assignment of soldiers.
 - (2) When possible, assignment managers will assign soldiers to an area where the special needs of their EFMs can be accommodated. Assignments will depend on the existence of valid personnel requirements for the soldier's grade, military occupational specialty code or specialty skill identifier, and eligibility for tour. All soldiers will remain eligible for worldwide assignments.
 - (3) When consistent with the needs of the Army and the career progression of the soldier, assignment managers will assign soldiers with children who have educational disabilities within the Army's area of geographic responsibility for the provision of medically related services.
 - (4) Soldiers who enroll in the EFMP after receipt of OCONUS assignment instructions need to be aware that enrollment may not affect that assignment. If general medical care is not available, the soldier may be required to serve an "all others" tour.
 - (5) Requests for deletion, deferment, or compassionate reassignment must be processed under AR 614-100 or AR 614-200. Participation in the EFMP is not the basis for deletion, deferment, or compassionate reassignment.
 - (6) Requests for a second PCS within the same fiscal year will continue to be processed under AR 614-6 on a case-by-case basis.
- b. Family travel or command sponsorship.
 - (1) Family members will be screened when the soldier is on assignment instructions to an OCONUS area for which command sponsorship/family member travel is authorized and the soldier elects to serve the accompanied tour. This applies to CONUS-to-OCONUS and OCONUS-to-OCONUS reassignments.
 - (2) Family members will be screened when the soldier is at the OCONUS duty station serving an unaccompanied tour and requests command sponsorship/family member travel.
 - (3) The PCS will not request command sponsorship/family member travel to the soldier's OCONUS duty station until the DA Form 5888-R is completed for all family members and attached to the soldier's DA Form 4187 (Personnel Action), DA Form 4787-R or appropriate major command form. Instructions for completing DA Form 5888-R are in appendix E.
 - (4) The Army will not deny family travel or command sponsorship due to nonavailability of the special education program required by the EFM in the projected assignment location. Every effort will be made to assign the soldier consistent with location of special education capabilities of DODDS.
 - (5) Family travel or command sponsorship cannot be denied when medically related services deemed necessary to the education of the EFM are not available. It can be denied when general medical care deemed necessary to the health of the EFM is not available. The Army medical command has final authority to decide if appropriate services are available in an assignment location.
 - c. *Curtailment of overseas tours.* Commanders are cautioned not to authorize curtailment of an overseas tour (see AR 614-30, para 8-2) based solely on lack of medical or educational facilities until

all other means to resolve the problem have been exhausted. Soldiers may request advance return of family members under AR 55-46 and proration of the overseas tour under AR 614-30, table 7-4.

d. Local transportation of EFM outside the United States.

(1) Travel-to and from school, in and around school buildings, and between schools, to include travel needed to permit participation in educational and recreational activities pursuant to an IEP of a child with disabilities, is the responsibility of DODDS.

(2) Travel from school to the MTF and return for the purpose of obtaining medically related services stipulated in the student's IEP is the responsibility of the community that provides base operations support to DODDS when the Army does not provide medically related services in the student's school. Such transportation will not be the responsibility of the MTF, the parent, or DODDS.

e. Transportation and per diem for diagnostic and evaluation purposes. Space-required and space-available tuition free DODDS students who are family members of active duty members and who are or may be considered disabled under DODI 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent prescribed in Joint Travel Regulation (JTR), Volume 2, when competent medical or educational authorities request a diagnosis or evaluation under the provisions of DODI 1342.12, and travel is necessary in connection with such diagnosis or evaluation. If those authorities request that one or both of the student's parents or guardian be present, either to participate in the diagnosis or evaluation or to escort the student, transportation expenses and per diem or actual expense allowances, as applicable, are also authorized for the parents or guardian. Transportation and per diem or actual expenses will be according to temporary duty travel provisions in Joint Federal Travel Regulation (JFTR), Volume 1 or JTR, Volume 2 as applicable.

f. Transportation and actual expenses for treatment.

(1) Overseas, the designated AMEDD approving authority may authorize transportation of family members to the nearest MTF capable of providing required medical care when the following occurs

(a) The family member's sponsor is an active duty uniformed member stationed outside the continental United States and is on active duty for 30 days or more. The family member must have accompanied the sponsor overseas but need not have been command sponsored.

(b) The family member requires medical care that is not available in the locality of the sponsor's duty station.

(2) In such cases, reimbursement is authorized for actual expenses (not to exceed the per diem rate prescribed for the area concerned) incurred for the family member's travel between the carrier terminal, treating MTF, and the family member's temporary place of lodging while undergoing outpatient treatment at a medical facility outside the area of the soldier's permanent duty station (JFTR, Volume 1, Chapter 5, U5240-G3).

(3) If the family member is not able to travel unattended, transportation and travel expenses may also be authorized for required nonmedical attendant.

(4) When so authorized by the designated overseas AMEDD approving authority, funding for the family member and his or her attendant's travel will be provided by the appropriate Army Management Structure Cost Code cited in AR 37-100-FY.

g. Travel and per diem for EFM of other than active duty members. Travel and per diem authorization and finding reference for EFM of other than active duty members is provided in paragraph 2 - 2 d .

2-2. Department of the Army civilian employees

a. DA civilian are required to provide information about dependent children with special education and medically related service needs and family members with medical needs when processing for an assignment to a location outside the United States where family member travel is authorized at Government expense. Information

will not affect the employee's selection for assignment. Advance information is required to ensure a smooth transition for the family.

b. Children of DA civilians receiving educational instruction from DODDS on a space-required tuition free basis who have an IEP are eligible to receive those medically related services set forth in the IEP, at no charge, and with the same priority as health care for active duty soldiers.

c. The Army must charge for medical services rendered to patients who are not otherwise eligible to receive free medical care. Thus, treatment that is not specifically required to develop or implement an IEP under DODI 1342.12 is chargeable. Medical evaluation of children of DA civilians who are not enrolled in DODDS is also chargeable. Outpatient medical reimbursement rates cited in AR 40-330 and DA Circular 40-FY-330 will be charged as discussed in AR 40-3.

d. Space-required and space-available tuition free DODDS students, who are or may be considered disabled under DODI 1342.12, are authorized transportation expenses and per diem or actual expense allowances, as applicable, to the same extent as prescribed in JTR, Volume 2, for travel by employees on temporary duty when competent medical or educational authorities request a diagnosis or evaluation under the provisions in DODI 1342.12, and travel is necessary in connection with such diagnosis or evaluation. Such travel and per diem or actual expense will be borne by the community that provides base operations support to the DODDS in that location. Normally only one nonmedical attendant is authorized to travel as an escort for a family member. If competent medical or educational authorities request that one or both of the student's parents or guardian be present, either to participate in the diagnosis or evaluation, or to escort the student, transportation and per diem or actual expense allowances, as applicable, are similarly authorized for the parents or guardian.

2-2. Medical services

a. The AMEDD will provide medically related services for eligible DODDS students in those geographic areas of responsibility assigned by the Assistant Secretary of Defense (Health Affairs). These areas include Korea, Panama, Belgium, Italy (only Aviano, Rimini, Verona, and Vicenza), Netherlands, Federal Republic of Germany (excludes Bitburg, Hahn, and Weisbaden) and the embassies in the aforementioned countries (except Italy) plus embassies in Latin America and China.

b. Medically related services provided to children attending DODDS who have an IEP will be provided with the same priority as health care for active duty military members. General medical care provided to DODDS students who have an IEP and to other EFMs outside the United States, even though such care may be for disabling conditions, will be provided according to locally established priorities for care. Medical services for EFMs in the United States are provided with the same priority as routine medical care; therefore, family member may be required to rely heavily on services provided by the local civilian community through CHAMPUS or other publicly funded programs.

c. The AMEDD will provide medically related services to tuition-free DODDS students at no cost to the student's family.

d. The Army will charge for medically related services provided to tuition-paying DODDS students if they are not entitled to free medical care on some other basis. The appropriate outpatient reimbursement rate as established in AR 40-330, DA Circular 40-FY-330, and AR 40-3, chapter 4, will be charged for IEP related diagnosis and treatment services provided to tuition paying DODDS students.

e. The AMEDD will screen for EFM conditions during provision of routine health care, OCONUS family member deployment, and upon referral. OCONUS family member deployment screening and evaluation will be provided with the same priority as health care for active duty military members.

f. The special education and medical needs of family members of active duty soldiers will be assessed, documented, and coded by the

AMEDD and forwarded to military personnel officials outlined in paragraph 3-1.

2-4. Housing

AR 210-50 provides guidance regarding the housing of personnel, including personnel participating in the EFMP. Housing managers and housing representatives on the installation EFMP committee will refer to AR 210-50 for specific policy guidance when determining appropriate action to assist an EFM.

2-5. Community support services

a. Information, referral, and placement.

(1) ACS centers will maintain directories of military and civilian special education and health-related services in their communities. Health-related data will be collected in CONUS through mail survey or in-person interviews by ACS on DA Form 4723-2-R (Health-Related Survey--Individual Facility Report). Military and civilian health-related facilities (excluding residential treatment facilities) will be surveyed within a 40-mile radius of the installation. Facilities to be surveyed include children's hospitals, psychiatric hospitals, general referral hospitals, rehabilitation centers, and other community programs for children, ages 0-3 and 3-5, that are not public school based. Once projected availability of care for the next year is established for anticipated patient load, further surveying is not required.

(2) Civilian special education data for immediate school district jurisdictions will be collected by ACS in CONUS from existing information data sources.

(3) Health-related data will be collected in coordination with the MTF managed care office.

(4) DA Form 4723-2-R will be reproduced locally on 8 1/2-by-11-inch paper. A copy for reproduction is located at the back of this regulation.

(5) When a soldier is selected for assignment to a particular location, ACS will support military personnel agencies as described in paragraph 3-2. ACS will not report to military personnel agencies on the availability of health-related services until coordination has been completed with the MTF managed care office.

(6) In response to specific requests for assistance, ACS will support eligible family members by informing them of the availability of community support services in the local military and civilian communities.

b. Advocacy.

(1) ACS will provide eligible family members with information on the following:

(a) Their rights and responsibilities under local, State and Federal laws following coordination with servicing staff or command judge advocate.

(b) The type of advocacy services available to meet their needs and facilitate support groups.

(2) The losing ACS will ensure that relocating families of exceptional school age children obtain the following information for transitioning to the new school.

(a) A copy of the IEP.

(b) A summary of educational activities and performance for the current or past school year.

(c) Any medical records.

(3) The gaining ACS will ensure that parents are linked with appropriate special education school officials and medical care providers and, upon request of parents, assist in the IEP process.

c. *Family-find activities.* ACS will initiate an EFMP command information and education program to include on- and off-post publicity, awareness briefings, and education and training sessions to locate family members who show indications that they might be in need of specialized medical care, therapy, developmental services, or special education. DOD schools conduct ongoing activities designed to locate children who might be in need of special education and related services. In many instances, ACS and DODDS activities will be conducted jointly. Once located, ACS will refer families to the nearest Army MTF EFMP point of contact for screening and

evaluation. In locations outside the United States, the ACS will report the birthdate, sex of child, military service, and projected date of rotation of EFMs (from birth to 21) to the local DODDS school.

d. Respite care.

(1) If not available or accessible through military CDS (for example, adult respite care and care user's borne) and civilian resources, ACS will establish and maintain a respite care program for eligible family members with disabilities per guidelines in (2) through (7) below. Such a program will provide a temporary rest period for family members responsible for regular care of the person with a disability.

(2) Two levels of care will be available according to the needs of family members with disabilities. These are supervision only, and supervision with personal care. Respite care is provided on an hourly, daily, or weekly basis. It may be provided either in the respite care user's home or a caregiver's home approved by ACS.

(3) Dependable, caring individuals, motivated by a desire to serve family members with disabilities will be recruited from the community. They must have installation record checks and be screened, trained, and certified by ACS. Installation record checks will include, at a minimum, police (base and/or military police, security office, criminal investigators, or local law enforcement) local files checks, Drug and Alcohol Program, Family Housing, MTF for Family Advocacy Program Service Central Registry records, mental health records, and any other records checks as appropriate and permitted by law. Although caregivers are not employees of ACS, they must perform according to the standards established by ACS when providing a respite care service.

(a) Caregivers will be at least 18 years old and in good physical and emotional health.

(b) DA Form 5187-R (Application for Respite Caregivers) and DA Form 5188-R (Medical Report on Applicant for Certification to Provide Care for Children or Adults with Disabilities) will be completed and returned to ACS by prospective caregivers within 30 days of initial contact. At least one in-person interview is required. The following data will be recorded for the caregiver screening interview: date and name; identifying information (that is, age, sex, race, occupation, referral source); summary of contacts (where, when, context); background (born-where, when; family situation--parents, siblings, closeness, location; education history; employment history; marital status, religion, health, past criminal arrests or convictions); prior experience (volunteer, paid courses); present situation (employed or in school, source or income, motivation); self-assessment (strengths, weaknesses, ability to handle emergencies); preference and availability (ages; disabling conditions; day and hours; transportation; personal care; subsidized families); summary and recommendations. DA Form 5187-R and DA Form 5188-R will be reproduced locally on 8 1/2-by-11-inch paper. Copies of the forms are located at the back of this regulation.

(c) Information will be obtained from three written references regarding the prospective caregiver's ability to provide care.

(d) If providing out-of-home care for children, caregiver homes will meet the requirements for special needs family child care homes in AR 608-10, chapter 6.

(4) Training will be completed according to local and state guidelines prior to providing respite care. An orientation respite care course outline is shown in figure 2-1 for use by those ACS centers where guidelines do not exist. Coverage of the subjects in figure 2-1 will ensure uniformity of respite care training throughout ACS. Training will provide the necessary framework of knowledge required for efficient participation in the program. A minimum of 9 hours of instruction and discussion is required for a course certificate.

(5) Respite care users will register for the program by completing DA Form 5189-R (Application for Respite Care for Children and Adults with Disabilities) and DA Form 5190-R (Clinician's Information) and returning them to ACS. After the completed forms are returned, ACS will make at least one home visit. The following data will be recorded for the care user screening interview--name, address, telephone number, summary of contacts, presenting request,

household composition (client, other family members), income, description of disability, social history, summary and recommendations. Written notification will then be sent to the applicant confirming eligibility or ineligibility for respite care. Approved respite care users must sign DA Form 5512-R (Respite Care Agreement). In addition, they must have DA Form 5191-R (Information on Individual with Disability) available for the respite caregiver. Respite care providers should be advised to carry personal liability insurance. (DA Form 5189-R, DA Form 5190-R, DA Form 5191-R, and DA Form 5512-R will be reproduced locally on 8 1/2 by 11-inch paper. Copies of the forms are located at the back of this regulation.)

(6) Respite care information will be safeguarded according to AR 340-21.

(7) Families and caregivers will set the rate for the care provided. Payment for services will be made directly by the families to the caregivers at the end of each respite period. Appropriated funds may only be used to pay or subsidize the cost of respite care for child abuse prevention and in open cases of suspected or substantiated child abuse or neglect where the Family Advocacy Case Management Team determines the following:

(a) Respite care is required to prevent further abuse or neglect or as part of an ongoing program of treatment.

(b) The parents or guardians of the child or children concerned are financially unable to pay for the cost of respite care according to criteria established by the installation commander.

(8) The Family Advocacy Program Manager, in consultation with the Chief of Social Work Services, will determine whether respite care is required as part of a child abuse prevention plan.

e. *Provision of recreational and cultural programs.* ACS will coordinate with YS, military community recreation, and with applicable civilian agencies to ensure that recreational and cultural programs are available and accessible to family members with disabilities. Programs may include sports (basketball, volleyball, soccer, swimming, and bowling), camps, art, and music.

First Evening (3 hours)

Purpose of Respite Care

Basic Understanding of Developmental Disabilities

Emotional Aspects of Respite Care

First Aid Course

Second Evening (3 hours)

Seizure Disorders

Medication

Special Feeding Problems

Third Evening (3 hours)

Behavior Management

Prosthetic Appliances

Figure 2-1. Sample respite care course outline

Chapter 3 Procedures

3-1. Army Medical Department

The following procedures will be used within the AMEDD to screen, evaluate, document, and code the needs of family members suspected of having conditions which need consideration in the military assignment process. The soldier (or representative) will report to the MTF EFMP point of contact to initiate the following evaluation process for enrollment, periodic update, or termination of enrollment in the program.

a. Enrollment.

(1) The MTF EFMP point of contact will assist the family in obtaining the necessary evaluations to determine diagnosis and treatment needs. He or she will ensure that the DA Form 5862-R is completed by a physician (or a medical practitioner such as a nurse or physician's assistant under the supervision of a physician) for each family member with an eligible condition. If other than a physician completes the DA Form 5862-R, it will be co-signed by a physician. If the family member is a school-age child, the EFMP point of contact will ensure that DA Form 5291-R is completed by personnel at the child's school. During summer months when school personnel are not available, the DA Form 5291-R will be completed by a physician (or a medical practitioner under the supervision of a physician) and the child's parents. If the child has an IEP, a copy will be attached to the DA Form 5291-R. The EFMP point of contact will forward a copy of the DA Form 5862-R and the DA Form 5291-R (if necessary) to the EFMP medical coding team. The originals of the DA Form 5862-R and DA Form 5291-R will be transmitted to the outpatient treatment records section for filing below the DA Form 5571 on the left side of the outpatient treatment record of the EFM. DA Form 5862-R and DA Form 5291-R will be reproduced locally on 8 1/2 by 11-inch paper. Copies of the forms are located at the back of this regulation.

(2) The physician (or medical practitioner under the supervision of a physician) who reviews the medical needs of the referred family member will ensure that the DA Form 5862-R is completed accurately. Additional examinations and consultations may be necessary to gain the required information. The physician (or medical practitioner under the supervision of a physician) should ensure that the information on the DA Form 5862-R reflects an appropriate and realistic level of care for the patient based upon knowledge of the patient and condition.

(3) The EFMP medical coding teams (composed of at least two members from the following specialties—pediatrics, speech, mental health, and occupational or physical therapy) will have the following functions:

(a) Coding the medical and educational needs of the family member using the automated EFMP program within 10 working days of receiving DA Form 5862-R and DA Form 5291-R and related information.

(b) Forwarding the automated EFMP Summary for Active Army EFMs to the Commander, US Total Army Personnel Command, ATTN: TAPC-EPC-S, Alexandria, VA 22331-0451 for EFMP enrollment within 10 working days of receiving DA Form 5862-R and DA Form 5291-R from the MTF.

(c) Forwarding the computer hard copy printout of EFMP Summary for National Guard EFMs to National Guard Personnel Center, Full Time Support Division Tour Management Branch, ATTN: NGB-ARP-FT, 111 South George Mason Drive, Arlington, VA 22204-1382.

(d) Forwarding the computer hard copy printout of EFMP Summary for USAR AGR soldier EFMs to Director, Full-Time Support Management Center, ATTN: ARPC-AR, P.O. Box 46806, St. Louis, MO 63146-6906.

(e) Forwarding the computer hard copy printout of EFMP Summary for other eligible USAR soldier EFMs to Commander, U.S. Army Reserve Personnel Center, 9700 Page Boulevard, St. Louis, MO 63132-5200.

(f) Forwarding the computer hard copy printout of EFMP Summary to the EFMP point of contact who initiated enrollment within 10 working days of receiving DA Form 5862-R and DA Form 5291-R.

(4) The EFMP point of contact will transmit computer hard copy printout of EFMP Summary to the outpatient treatment records section for filing below DA Form 5571 on the left side of the outpatient treatment record of the EFM. If the soldier and/or spouse wishes, the EFMP point of contact will assist in making an appointment with a physician (or a medical practitioner under the supervision of a physician) to explain the computer hard copy printout of the EFMP Summary. A copy of the computer hard copy printout of EFMP Summary will be provided to the soldier or spouse.

(5) PERSCOM, U.S. Army Reserve Personnel Center, and National Guard Personnel Center will enter data from the EFMP Summary into the EFMP needs data system. This signifies completion of the enrollment process.

(6) EFMP enrollment forms completed for other military Services will be forwarded as follows:

(a) *Navy and Marine Corps.* Send EFMP enrollment forms to the following:

Commanding Officer
Naval Medical Center (Code CGF)
EFM Central Screening Committee
San Diego, CA 92134-5000
(from Army MTF locations west of Mississippi River—includes Hawaii)

Commanding Officer
Naval Medical Center (Code 0505A)
EFM Central Screening Committee
Portsmouth, VA 23708-5000
(from Army MTF locations east of Mississippi River—CONUS and Europe)

Commanding Officer
U.S. Naval Hospital
PSC 475, Box 7
FPO AP 98765-1600
(from Army MTF western Pacific locations)

(b) *Air Force.* Air Force MTF EFMP officer at the location of the sponsor's assignment or nearest Air Force MTF EFMP officer.

(c) Coast *Guard.* Commandant (G-PWL-2), ATTN: Special Needs Program, 2100 Second Street, SW, Washington, DC 20593.

b. Periodic update and termination of enrollment. The MTF EFMP point of contact will assist the soldier and/or spouse in making an appointment with a physician (or a medical practitioner under the supervision of a physician) who will review the computer hard copy printout of the EFMP Summary with the soldier and spouse.

(1) If changes are not warranted, a physician will so annotate the SF 600 in the outpatient treatment record. A memorandum will be sent simultaneously from the MEDDAC to the EFMP medical coding team where it will be endorsed and forwarded as follows:

(a) Active Army-US Total Army Personnel Command, ATTN: TAPC-EPC-S, Alexandria, VA 22331-0451.

(b) National Guard—National Guard Personnel Center, Full-Time Support Division Tour Management Branch, ATTN: NGB-ARP-FT, 111 South George Mason Drive, Arlington, VA 22204-1382.

(c) USAR AGR soldiers—Director, Full-Time Support Management Center, ATTN: ARPC-AR, P.O. Box 46906, St. Louis, MO 63146-6906.

(d) Other eligible USAR soldiers—Commander, US Army Reserve Personnel Center, 9700 Page Boulevard, St. Louis, MO 63132-5200. Both memorandum and endorsement will be signed by a physician. A copy of the memorandum and endorsement will be sent from the EFMP medical coding team to the originating MTF EFMP point of contact.

(2) If warranted, a new DA Form 5862-R and DA Form 5291-R will be completed and forwarded from the MEDDAC to the EFMP medical coding team according to paragraph 3-1 a(1).

(3) When termination of enrollment is indicated for reason other than death, a new DA Form 5862-R and/or DA Form 5291-R will be completed and forwarded from the MEDDAC to the EFMP medical coding team for review. After the review, the EFMP medical coding team will forward a memorandum under the signature of

a physician to the appropriate military personnel agency in paragraph 3-1a(3) recommending termination of enrollment. When termination has occurred, the military personnel agency will send a memorandum to the EFMP medical coding team to notify them of case closure. The EFMP medical coding team will provide a copy of the memorandum to the MEDDAC.

(4) In the case of death, a memorandum requesting termination of enrollment will be forwarded from the MEDDAC to the EFMP medical coding team where it will be endorsed and forwarded to the appropriate military personnel agency in paragraph 3-1a(3). Both the memorandum and endorsement will be signed by a physician. When termination has occurred, the military personnel agency will send a memorandum to the EFMP medical coding team to notify them of case closure. The EFMP medical coding team will provide a copy of the memorandum to the MEDDAC.

c. Release of information. All information obtained in evaluating, documenting, and coding EFM's will be accorded strict confidentiality. Release of information regarding EFM's will be according to AR 340-21.

3-2. Military personnel agencies

The following procedures will be used in considering the documented special education and medical needs of family members during the assignment process.

a. PERSCOM nominations to OCONUS assignments.

(1) The PERSCOM assignment manager will notify the PERSCOM EFMP coordinator (TAPC-EPC-S) of all soldiers enrolled in the EFMP who are being considered for OCONUS assignment.

(2) Upon notification, the PERSCOM EFMP coordinator (TAPC-EPC-S) will forward the EFMP Summary to the responsible OCONUS travel approval authority to verify availability of services for the soldier's EFM.

(3) The OCONUS travel approval authority will suspense, monitor, and coordinate with the appropriate command or agency (MEDCOM, DODDS) to obtain initial evaluation decision. The OCONUS travel approval authority will also notify PERSCOM EFMP coordinator (TAPC-EPC-S) of the initial evaluation decision within 30 days receipt of EFM services inquiry.

(4) The PERSCOM assignment manager will continue to process assignment if initial evaluation is approved. However, if initial evaluation is disapproved, PERSCOM will consider alternate assignments based on the needs of the Army.

(5) After assignment location is established, PERSCOM will place soldier on assignment instructions.

b. PERSCOM nominations to CONUS assignments.

(1) The PERSCOM assignment manager will notify the PERSCOM EFMP coordinator of all soldiers enrolled in the EFMP who are being considered for CONUS assignment.

(2) Upon notification, the PERSCOM EFMP coordinator (TAPC-EPC-S) will take the following steps:

(a) Coordinate telephonically with ACS to verify availability of services for the soldier's EFM.

(b) Forward decision to the assignment manager.

(3) The PERSCOM assignment manager will determine assignment location and put the soldier on assignment instructions.

c. Reserve and National Guard. U.S. Army Reserve and National Guard personnel centers will follow above procedures.

3-3. Civilian Personnel Office

The following procedures will be used by losing processing CPOs (or servicing CPOs if employee is already outside the United States), in coordination with ACS, DODDS, and medical personnel, in identifying and processing DA civilian employee selectees with dependent children who have special education and medically related service needs and family members with medical needs.

a. After selection for an assignment to a location outside the United States where family member travel is authorized at Government expense, the losing processing CPO will require the employee

selectee to complete and sign DA Form 5863-R (Exceptional Family Member Program Information Sheet). When the CPO from another Service is requested to do courtesy processing, the gaining CPO will send a copy of the appropriate paragraphs of this regulation (to include appendixes C and D and the necessary forms) in the processing package. DA Form 5863-R will be reproduced locally 8 1/2-by 11-inch paper. A copy for reproduction is located at the back of this regulation.

b. When there are no family members or special needs do not exist, the employee selectee will so certify and sign the DA Form 5863-R. The DA Form 5863-R will be retained on the left side of the official personnel folder for the duration of the tour outside the United States.

c. When special needs exist and the employee selectee does not intend to take the family member, he or she will so certify and sign the DA Form 5863-R. The completed DA Form 5863-R will be forwarded to the COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521. The CPO will advise the employee selectee that the DA Form 5862-R and/or DA Form 5291-R must be completed for the family member should he or she decide, at a later date, to have the family member join him or her. These forms must be completed and provided to the CPO for coordinating with the appropriate DODDS and/or medical point of contact (app C and app D) prior to the family member's arrival at the location outside the United States.

d. If the family member is a dependent child with special education and medically related service needs and the employee selectee intends to take the child, the CPO will give the DA Form 5862-R and DA Form 5291-R to the employee selectee who will arrange for completion of the forms by school and medical officials for each child. The employee selectee will return the completed forms to the CPO.

(1) The CPO will forward the following information to the appropriate DODDS point of contact in the geographic area concerned (app C) by the fastest available method:

(a) Name and social security number of civilian employee

(6) *Name* and age of child.

(c) Projected assignment location and projected arrival date.

(d) Medical (DA Form 5862-R) and educational (DA Form 5291-R) information.

(2) The DODDS point of contact will immediately share the information with the receiving medical command. A statement that coordination was accomplished with the DODDS point of contact will be documented on DA Form 5863-R. The DA Form 5863-R will be forwarded immediately upon completion of coordination with DODDS point of contact to the COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA ALEXANDRIA, VA 22331-0521.

(3) The CPO ensures that the employee selectee receives comprehensive information regarding the available services in the community outside the United States in which the position is located. Special education and medically related services information will be obtained by contacting the DODDS point of contact in appendix C. The employee selectee will be referred to ACS for other general relocation information.

(4) When feasible, alternative positions providing equal career enhancement and pay may be offered to a civilian, if it is known that the projected location currently lacks adequate resources to

serve the special education requirements, of the civilian's child with an educational disability.

e. If the family member has medical needs and the employee selectee intends to take the family member, the CPO will give the DA Form 5862-R to the employee selectee who will arrange for completion of the form by medical officials for each family member. The employee selectee will return the completed form to the CPO. The CPO will forward the DA Form 5862-R to the appropriate medical point of contact in the geographic area concerned (app D) by the fastest available method. The medical point of contact will review the form and immediately inform the CPO about available services. The CPO will share the information about services with the employee selectee. A statement that coordination was accomplished with the medical point of contact will be documented on DA Form 5863-R. The DA Form 5863-R will be forwarded immediately upon completion of coordination with medical point of contact to the COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, ATTN CFSC-SFA, ALEXANDRIA, VA 22331-0521.

f. An employee or prospective employee may not be subjected to coercion or any other form of pressure to decline a job offer because he or she has a family member with special needs.

Chapter 4 Exceptional Family Member Program Report

4-1. General

In order to provide information to installation commanders and supervisors responsible for overall management of the EFMP, installation EFMP managers will prepare a program synopsis (to include funding, staffing, and services provided), EFMP managers must ensure that data is collected on an ongoing basis to support the annual report, conduct cost studies, and determine workload requirements.

4-2. Installation Exceptional Family Member Program Report (RCSGPA-1730)

a. Installation EFMP managers will prepare DA Form 5864-R for approval by the DPCA (or equivalent) and the MTF commander (or designee). (See table 4-1.)

b. Reports will be prepared annually. The report will cover the period from 1 October-30 September.

c. Installation EFMP reports will be forwarded through command channels to arrive at the MACOMs not later than 30 days after the end of the reporting period.

4-3. Review and summary of reports

After review of the DA Form 5864-R, MACOMs will prepare a report summary and forward one copy to ATTN CFSC-SFA, COMMANDER, US ARMY COMMUNITY AND FAMILY SUPPORT CENTER, 2461 EISENHOWER AVENUE, ROOM 1400, ALEXANDRIA, VA 22331-0521. The report summary should arrive at USACFSC not later than 60 days after the end of the reporting period.

Table 4-1
Preparation Instructions for DA Form 5864-R

Heading or block	Instructions
1-14. 15. Army Community Service (ACS) 16. Army Medical Department (AMEDD) 17-25.	Self-explanatory. Enter the total dollar amount of nonappropriated funds received. Enter the total dollar amount of appropriated received for the fiscal year. Calculate and cost out the amount of appropriated funds spent on the ACS EFMP (salaries, contracts, supplies, equipment and travel), Enter the dollar amount spent for each category of AMEDD EFMP expenditure.
26a. Position title	Enter those ACS EFMP positions that are on the installation Table of Distribution and Allowances (TDA). These may include positions that do not carry an EFMP title but require performance of an EFMP function either on a full-time, part-time, or collateral duty basis. Enter those AMEDD EFMP positions that are on the medical treatment facility TDA.
26b. Rank or grade	Enter the appropriate military rank or civilian grade for each of the positions.
26c. MOS or GS	Enter the appropriate military occupational specialty (MOS) or civilian GS series for each of the positions.
26d. No. of requirements	Enter the number of requirements for each position as recorded on the installation and medical treatment facility TDAs.
26e. No. of authorizations	Enter the number of authorizations for each position as recorded on the Installation and medical treatment facility TDAs.
26f-k.	Enter the status of each position (filled authorizations, filled overhire, filled temporary, filled contract, unfilled recruiting, and unfilled not recruiting).
27. Installation EFMP manager	Self-explanatory.
28a. Total number of single contacts	Record the total number of one-time, EFMP single contacts with clients, or service on behalf of clients. These contacts do not require follow up action or multiple sessions. A case file is not opened on clients. Examples are providing information or referring someone to the appropriate service provider.
28b. Case management and counseling	Record the total number of EFMP cases open during the reporting period and the number of individuals served in those cases. Record the total hours devoted to all case management and counseling cases.
28c. Awareness briefings	Record the number of informational briefings about EFMP and the number of people who attend those briefings, "Command" may be a unit commander and/or command staff. "Unit" is an entire unit such as a company or may be the unit plus family members. "Community" is a session open to the public with the audience drawn from the installation at large.
28d. Education and training	Record the number of workshops and classes offered on EFMP and the number of people attending them. "Unit" and "community" are defined in 28c.
29a-c.	Record the number of programs and participants as appropriate.
29d. Respite care	Record the number of Army certified ACS and Child Development Services (CDS) respite care homes in the appropriate space. Record the number of new respite homes certified.
30. United States	Enter the total number of patients served and total hours spent in categories (1)-(8).
31. Outside of the United States	Enter the total number of visits, total number of patients served, and total hours spent in categories (1)-(10).
32. Reports of Unavailability of Medically Related Services	Enter the total number of reports of unavailability of medically related services. Of the number received, enter how many children were enrolled in EFMP prior to assignment of the soldier overseas and how many were not enrolled in EFMP.
33-34.	Enter the total number of EFMP requests submitted and approved for exception to housing assignment policy.
35. Housing units specifically modified for exceptional family members	Enter average cost of modification per unit and average time required to complete modification.
36-38.	Enter total number of civilians processed for an assignment outside the United States. Of the number processed, enter how many were identified as having a dependent child with special education and medically related service needs. Of the number processed, enter how many were identified as having family members with medical needs.
39. Progress	Describe the accomplishments, new services or programs, and progress made during the reporting period.
41. Projected changes	Describe any programmatic changes that are projected to occur during the next reporting period.

Appendix A References

Section I Required Publications

AR 40-3

Medical, Dental, and Veterinary Care. (Cited in paras 2-2 and 2-3.)

AR 340-21

The Army Privacy Program. (Cited in paras 1-20, 2-5, and 3-1.)

AR 600-7

Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of the Army. (Cited. in para 1-8.)

Section II Related Publications

AR 5-3

Installation Management and Organization

AR-37-100-FY

Army Management Structure

AR 40-2

Army Medical Treatment Facilities: General Administration

AR 40-330

Rates, Codes, Expense and Performance Reporting Systems, Centralized Billing, and Medical Service Accounts

AR 55-46

Travel Overseas

AR 210-50

Installations-Housing Management

AR 215-2

The Management and Operation of Morale, Welfare, and Recreation Programs and Nonappropriated Fund Instrumentalities

AR 600-37

Unfavorable Information

AR 608-1

Army Community Service Program

AR 608-10

Child Development Services

AR 614-6

Permanent Change of Station Policy

AR 614-30

Overseas Service

AR 614-100

Officer Assignments Policies, Details, and Transfers

AR 614-200

Selection of Enlisted Soldiers for Training and Assignment

AR 635-100

Officer Personnel

AR 635-200

Enlisted Personnel

Army Guidance (Volumes I-IV)

Program and Budget Guidance

DA Circular 40-FY-330

Medical, Dental, and Veterinary Care Rates; Rates for Subsistence; and Crediting FY Appropriation Reimbursement Accounts

Joint Federal Travel Regulation

Joint Travel Regulation

RCSGPA-1730

Exceptional Family Member Program (EFMP) Report

Section III Prescribed Forms

DA Form 4723-2-R

Health-Related Survey-Individual Facility Report. (Prescribed in para 2-5.)

DA Form 5187-R

Application for Respite Caregivers. (Prescribed in para 2-5.)

DA Form 5188-R

Medical Report on Applicant for Certification to Provide Care for Children or Adults with Disabilities. (Prescribed in para 2-5.)

DA Form 5189-R

Application for Respite Care for Children. and Adults with Disabilities. (Prescribed in para 2-5.)

DA Form 5190-R

Clinician's Information. (Prescribed in para 2-5.)

DA Form 5191-R

Information on Individual with Disability. (Prescribed in para 2-5.)

DA Form 5291-R

Army Exceptional Family Member Program Educational Summary. (Prescribed in para 3-1.)

DA Form 5512-R

Respite Care Agreement. (Prescribed in para 2-5.)

DA Form 5862-R

Army Exceptional Family Member Program Medical Summary (Prescribed in para 3-1.)

DA Form 5863-R

Exceptional Family Member Program Information Sheet. (Prescribed in para 3-3.)

DA Form 5864-R

Exceptional Family Member Program (EFMP) Report. (Prescribed in para 4-2.)

DA Form 5888-R

Family Member Deployment Screening Sheet. (Prescribed in para 2-1.)

DA Form 7246-R

Exceptional Family Member Program (EFMP) Screening Questionnaire. (Prescribed in para 1-26.)

DA Form 7351-R

Exceptional Family Member Program (EFMP) Assessment Guide. (Prescribed in para 1-25.)

section IV Referenced Forms

DA Form 4187
Personnel Action

DA Form 4787-R
Reassignment Processing

DA Form 5571
Master Problem List

SF 600
Health Record-Chronological Record of Medical Care

Appendix B

Exceptional Family Member Program Medical and Educational Criteria for Enrollment*

B-1. Enrolling soldiers

Enroll soldiers when—

- Traveling to a new duty station with family members.
- Family members are eligible for health care and/or education at Government expense at the new duty station.
- A family member requires medical care above the level normally provided by a Family Practitioner in an outpatient clinic setting.

6-2. Enroll soldiers who have family members with serious or chronic medical problems, physical disabilities, and mental health disorders

Indications of severity requiring enrollment are-

- potentially life threatening conditions including but not limited to asthma (recurrent wheezing treated with any medication) within the past 5 years, sickle cell disease, and insulin dependent diabetes.
- Chronic (greater than 6 months of continuous care or multiple episodes of care) outpatient mental health treatment over the past 5 years or inpatient mental health services within the past 5 years.
- Any level of mental health services required at the present time or projected for the future.
- Attention Deficit Hyperactivity Disorder requiring management and treatment by a pediatrician, mental health care provider or counselor.

B-3. Enroll soldiers who have family members that require intensive follow-up support

Enroll soldiers who have family members that require intensive follow-up support (such as high risk newborns and patients with diagnosis of cancer within the past 5 years).

B-4. Enroll all soldiers who have family members that require special education services

Enroll all soldiers who have family members that require special education services (including medically related services) that are specified on an Individualized Education Program from 3-21 years of age or early intervention services specified on an Individualized Family Services Plan from birth to 3 years of age.

*Criteria for enrollment apply to the following soldiers with exceptional family members: Active Army, U.S. Army Reserve (USAR) soldiers in the USAR-Active Guard Reserve (AGR) program and other USAR soldiers on active duty exceeding 30 days, and Army National Guard AGR personnel serving under authority of title 10, United States Code.

Appendix C

DODDS Points of Contact

The following list contains DODDS points of contact:

EUROPEAN AREA

Area Superintendent, Europe
ATTN: Special Education Coordinator
Unit 29649
APO AE 09096

DSN: 338-7662
Commercial: 011496113807662
Facsimile: 01149611380-7565-DSN: 338-7565
Message Address Area Superintendent, Europe
RHEINMAIN AB GE/WEISBADEN//

PACIFIC AREA
Area Superintendent, Pacific DOD Dependents Schools
ATTN: Special Education Coordinator
PSC 556, Box 796
FPO AP 96372-0796

DSN: 645-2267
Commercial: 01181988768485, Ext. 2151,
request Zukeran: 645-2267
Facsimile: 01181988764263—DSN 645-4263
Message Address: DODDS-PA
FUTENMA JA

PANAMA/ISLANDS AREA
Area Superintendent, Panama/Islands
DOD Dependents Schools
ATTN: Director
4040 North Fairfax Drive
Arlington, VA 22203-163S

DSN: 226-4411
Commercial: 703-696-4411
Facsimile: 703-696-8921-DSN: 226-8921
Message Address: DODDS WASH DC/EDUC//

Appendix D

Medical Points of Contact

EUROPE
Commander
2nd General Hospital
CMR 402, ATTN EURO-HSSA-EFMP
APO AE 09180

DSN: 486-8184
Commercial: 011496371868184
Facsimile: DSN: 486-7395
Commercial: 011496371867395
Message address: CDR2DGENUSHOSP LANDSTUHL GE//
EURO-HSSA-EFMP//

KOREA
Commander
121st Evacuation Hospital
Unit 15244, ATTN: Chief, EFMP
APO AP 96205-0017

DSN: 738-6754/5000
Commercial: 01182279166754/5000
Facsimile: DSN: 738-6746
Commercial: 01182279166746
Message address: CDR121 STEVACHOSP SEOUL KOR//EFMP//

PANAMA
Commander
USAMEDDAC, Panama
ATTN: HSXZ-EFMP
APO AA 34004

DSN: 313-282-5339
Commercial: 011507825339
Facsimile: DSN: 313-282-5353
Commercial: 011507825353
Message address: CDRUSAMEDDAC QUARRY HEIGHTS PM//
HSXZ-EFMP//

PACIFIC
Commander
Tripler Army Medical Center
ATTN: Pediatrics/EFMP
Tripler AMC, HI 96859-5000

DSN: 315-433-6205
Commercial: 808-433-6205
Facsimile: DSN: 315-433-4316
Commercial: 808-4334316
Message address: CDR TAMC HONOLULU HI//HSHK-EFMP//

Appendix E Instructions for Completing DA Form 5888-R

E-1. Part A

The MPD or PSC representative will enter and authenticate soldier/family member data in consultation with the soldier. Family members will not be screened unless Part A is completed and authenticated by the MPD or PSC representative.

E-2. Part B

a. Part B will only be completed by an Army medical treatment facility EFMP medical practitioner. When the EFMP medical practitioner is other than a physician, it will be authenticated by the Army MTF EFMP physician.

b. The soldier or spouse will contact the nearest Army MTF EFMP point of contact prior to screening regardless of whether it is being conducted at that MTF, another Department of Defense (DOD) MTF, or by a civilian physician. The contact with the Army MTF EFMP point of contact does not need to be in person if that MTF is not within 60 miles or one hour's driving distance. Below are the screening requirements.

(1) If the nearest Army MTF is within 60 miles or one hour's driving distance (at 55 miles per hour), the EFMP point of contact will make an appointment for soldier's family member at that facility.

(a) The physician or medical practitioner under the supervision of a physician will in the presence of the soldier and/or spouse screen

the military medical treatment facility and civilian medical records of all family members in addition to ensuring that all family members 72 months of age and under are seen for a physical examination and developmental screening.

(b) Developmental screening will include at a minimum use of the Preschool Developmental Questionnaire (PDQ). If the child does not pass the PDQ, the full Denver Developmental Screening Test" will be administered.

(c) Physical examination and/or developmental screening may be waived by a physician or a medical practitioner under the supervision of a physician when there is sufficient recent justification of normal physical examination and developmental screen. The physician or medical practitioner under the supervision of a physician will so annotate the SF 600.

(d) A physical examination will be required for family members over 72 months of age in the absence of sufficient medical data on which to base a decision about enrollment.

(e) If no medical or developmental problems are identified, the physician or medical practitioner under the supervision of a physician will check enrollment not warranted in block 9a of DA Form 5888-R.

(f) If a family member requires further evaluation for possible enrollment, the physician or medical practitioner under the supervision of a physician will complete DA Form 5862-R (Army Exceptional Family Member Program Medical Summary). When, the family member is a school-age child, the DA Form 5291-R (Army Exceptional Family Member Program Educational Summary) will be completed by personnel at the **child's school**. **During** summer, months when school personnel are not available, the DA Form 5291-R will be completed by a physician or a medical practitioner under the supervision of a physician and the child's parents. If the child has an IEP, a copy will be attached to the DA Form 5291-R. Upon completion of the DA Form 5862-R and DA Form 5291-R (if needed), the physician or medical practitioner under the supervision of a physician will check either enrollment not warranted or consideration for enrollment warranted on DA Form 5888-R. If consideration for enrollment is warranted, the date the DA Form 5862-R and the DA Form 5291-R is sent for coding will be entered in block 9b of DA Form 5888-R.

(g) If a family member is already enrolled in EFMP at the time of screening, the physician or medical practitioner under the supervision of a physician will indicate whether there has been a substantial change in severity of condition and related medical needs since enrollment. If there has been a substantial change, a new DA Form 5862-R and DA Form 5291-R (if needed) will be completed. A new DA Form 5291-R will also be completed if the Army EFMP educational summary is older than one year at time of screening. The date the DA Form 5862-R and DA Form 5291-R is sent for coding will be noted in block 9c of DA Form 5888-R.

(h) The Army **medical treatment** facility EFMP physician will ensure that DA Form 5888-R is properly signed and copies of DA Form 5862-R and DA Form 5291-R (if needed) are attached to the DA Form 5888-R when enrollment is warranted or there has been a substantial change since enrollment.

(2) If there is no Army MTF within 60 miles or one hour's driving distance, but there is another DOD MTF within that radius, the nearest Army MTF EFMP point of contact will provide forms and guidance to the family member as if they were utilizing a physician in the civilian community. The soldier or spouse will make arrangements to complete deployment screening at the DOD MTF and return all appropriate documentation to the Army MTF EFMP point of contact.

(3) If there is neither an Army MTF nor another DOD MTF located within 60 miles or one hour's driving distance, screening may be performed by the family member's physician in the civilian community using procedures in paragraph (2) above.

(4) The family will not be reimbursed for traveling within 60 miles to an Army or DOD MTF. Payment for screening performed by a physician in the civilian community will be arranged by the nearest Army MTF EFMP point of contact.

Glossary

Section I Abbreviations

ACS

Army Community Service

ACSIM

Assistant Chief of Staff for Installation Management

AGR

Active Guard Reserve'

AMEDD

Army Medical Department

ARNGUS

Army National Guard of the United States

CDS

Child Development Services

CHAMPUS

Civilian Health and Medical Program of the Uniformed Services

CONUS

continental United States

CPO

civilian personnel office

CSC

case study committee

DA

Department of the Army

DCA

Director of Community Activities

DOD

Department of Defense

DODDS

Department of Defense Dependents Schools

DPCA

Director of Personnel and Community Activities

DPW

Directorate of Public Works

EDAS

Enlisted Distribution Assignment System

EFM

exceptional family member

EFMP

Exceptional Family Member Program

HQDA

Headquarters, Department of the Army

I E P

Individualized Education Program

JFTR

Joint Federal Travel Regulation

JTR

Joint Travel Regulation

MACOM

major Army command

MEDCEN

U.S. Army Medical Center

MEDDAC

medical department activity

MOU

memorandum of understanding

MPD

military personnel division

MTF

medical treatment facility

NGB

National Guard Bureau

OCONUS

outside continental United States

PAO

public affairs officer

PCS

permanent change of station

PERSCOM

U.S. Total Army Personnel Command

PSC

personnel service company

RFO

request for orders

SJA

staff judge advocate

USACFSC

U.S. Army Community and Family Support Center

USAMEDCOM

U.S. Army Medical Command

USAR

U.S. Army Reserve

YS

youth services

Section II Terms

Anticipated patient load

Number of patients requiring treatment based on current prevalence rates within a 40-mile radius of the military community.

Case study committee (CSC)

A school level team comprised of, among others, principal, educators, parents, and

medically related service providers who do the following:

- Oversee screening and referral of children who may require special education.
- Oversee the multidisciplinary evaluation of such children.
- Determine the eligibility of the student for special education and related services.
- Formulate an individualized education curriculum reflected in an individualized education program (IEP).
- Monitor the development, reviewing, and revising of the IEPs.

Exceptional family member

A family member with any physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, or counseling,

Family-find

The ongoing process used by the Army to seek and identify families who have family members who may require specialized medical care, therapy, developmental services, or special education. Family-find activities include the dissemination of information to the public, the identification and screening of family members, and the use of referral procedures.

General medical care

Care associated with the prevention, evaluation, and treatment of medical illnesses and disabilities (other than those of an educational nature) and not a medically related service under DOD Instructions 1342.12 and 1010.13. Under 10 U. S. C., section 1076, general medical care is provided to family members on a space-available basis.

Individualized Education Program

A written document defining specially designed instruction for a student with a disability. The document is developed and implemented in accordance with DODI 1342.12.

Installation

The organization, activity, or military community that has overall command responsibility for EFMP where the soldier or employee is assigned.

Installation commander

The term refers to the commander of the organization, activity, or military community who has overall command responsibility for EFMP where the soldier or employee is assigned.

Medical center

Facility designated by the Surgeon General responsible for completing the Exceptional Family Member Program Summary.

Medically related services

a. Medical services (as defined below) provided under professional medical supervision,

which are required by a CSC either to determine a student's eligibility for special education or, if the student is eligible, the special education and related services required by the student.

b. Direct or indirect services pursuant to the development or implementation of an IEP necessary for the student to benefit from the educational curriculum. These services may include the following: medical services for diagnostic or evaluative purpose, social work, community health nursing, dietary, occupational therapy, physical therapy, audiology, ophthalmology, and psychological testing and therapy.

Medical services

Those evaluative, diagnostic, therapeutic, and supervisory services provided by a licensed/credentialed physician to assist CSCs and to implement IEPs. Medical services include diagnosis, evaluation, and medical supervision of related services that, by statute, regulation, or professional tradition, are the responsibility of a licensed and credentialed physician.

Respite care

A program providing a temporary rest period for family members responsible for regular care of persons with disabilities. Care may be provided either in the respite care user's home or a caregiver's home.

Space-available

Pupil accommodations that may be made available in DODDS if the Director, DODDS, or designee, determines that a school operated by DODDS had adequate staff and other resources to permit the enrollment of nonspace-required students.

Space-required

Pupil accommodations that must be provided by DODDS.

Special education

Specially designed instruction, including physical education, which is provided at no cost to the parent or guardian to meet the unique needs of a child with a disability, including instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings.

Section III

Special Abbreviations and Terms

This section contains no entries.

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HEALTH-RELATED SURVEY - INDIVIDUAL FACILITY REPORT

For use of this form, see AR 608-75; the proponent agency is OACSIM

OMB APPROVED
No. 0704-0175
EXPIRATION DATE
31 JULY 1998

Public reporting burden for this collection of information is estimated to average one hour per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0175), Washington, DC 20503. Please DO NOT RETURN YOUR COMPLETED FORMS TO EITHER OF THESE ADDRESSES. Send completed forms to the Army installation requesting the information.

NOTE: This form will be completed by each individual facility. Use typewriter or print legibly in ink.

SECTION A - GENERAL INFORMATION

NAME OF FACILITY

2. CHIEF ADMINISTRATOR

3. ADDRESS (Must be a 3-line address which includes street address or P. O. Box and ZIP Code)

4. BUSINESS TELEPHONE (Include area code)

5. SERVICE HOURS

6. APPROXIMATE MILES
FROM INSTALLATION

7. TYPE OF OWNERSHIP (Include the category which best describes the legal ownership of this facility. Check one box only.)

Private - For profit

Private - Not for profit

Local government

State government

Federal government

Other (Specify)

8. ACCESSIBILITY (Transportation - Check all that apply and fill in blanks.)

On bus line

Not on bus line, distance to bus line is blocks.

Parking available miles.

Parking fee \$

Taxi stand at facility

Facility operates own transportation system

9. WHEELCHAIR ACCESS (Check all that apply.)

Building

Restrooms

10. FEE FOR SERVICE (Check all that apply.)

Full fee

No fee

Sliding scale

Advance pay

Medicaid

CHAMPUS

Private health insurance

Other

SECTION B - HEALTH-RELATED SERVICE ASSISTANCE CAPABILITY

11. Indicate whether or not your facility anticipates vacancies during the next year for new patients in the category applicable to the specified age groups. If vacancies are anticipated, indicate average wait for appointment in weeks in "YES" column.

CATEGORY	CHILDREN 0-12 YEARS		ADOLESCENTS 13-18 YEARS		ADULTS OVER 18 YEARS	
	YES	NO	YES	NO	YES	NO
Cognitive enrichment program (<i>A program which helps children learn to think and solve problems; usually includes a language component.</i>)						
Program for visually impaired						
Social work services						
Occupational therapy						
Community health nurse services						
Program for oral motor therapy						
Apnea monitor home program						
Physical therapy						
Community mental health services						
Audiology services						
High risk newborn follow-up services						
Standard therapy for speech and language impairments						
Therapy for hearing impaired (<i>includes signing</i>)						
Total communication therapy (<i>includes signing for hearing persons</i>)						
Augmentative speech therapy (<i>uses communication devices</i>)						
Alaryngeal speech therapy (<i>rehabilitation after laryngeal surgery</i>)						

SECTION C - ADAPTIVE EQUIPMENT CAPABILITY

12. Indicate whether or not your facility provides adaptive equipment shown below.

CATEGORY	YES	NO
Ambulatory Aids		
Communication Aids		
Apnea Monitor		
Hearing Aids/Auditory Trainer		
Artificial Limbs		
Respiratory Aids		
Braces/Splints		
Wheelchair (<i>manual</i>)		
Cardiac pacemaker		
Wheelchair (<i>electric</i>)		
Augmentative speech aids		

SECTION D - ARTIFICIAL OPENINGS/SHUNTS CAPABILITY

13. Indicate whether or not your facility provides management and/or supplies for artificial openings/shunts shown below.

CATEGORY	YES	NO
Gastrostomy		
Tracheostomy		
CSF Shunt		
Cystostomy		
Colostomy		
Ileostomy		

SECTION E - MEDICAL PRACTITIONER CAPABILITY

14. Indicate the capability of your facility to provide medical practitioner in the categories shown below.

CATEGORY	YES	NO
Allergist		
Cardiologist, General		
Cardiologist, Pediatric		
Dentist		
Dermatologist		
Developmental Pediatrician		
Dietary/Nutrition Specialist		
Endocrinologist, General		
Endocrinologist, Pediatric		
Family Practitioner		
Gastroenterologist, General		
Gastroenterologist, Pediatric		
General Medical Officer		
Geneticist		
Gynecologist		
Hemodialysis Team		
Hematologist/Oncologist, General		
Hematologist/Oncologist, Pediatric		
Immunologist		
Internist		
Nephrologist, General		
Nephrologist, Pediatric		
Neurologist, General		
Neurologist, Pediatric		
Nuclear Medicine Physician		
Ophthalmologist, General		
Ophthalmologist, Pediatric		
Obstetrician		
Orthodontist		
Pediatrician		
Pedodontist		
Physiatrist		
Pulmonologist		
Podiatrist		
Psychiatrist, General		
Psychiatrist, Child		
Psychologist, Clinical		
Psychologist, Clinical with Child Experience		
Rheumatologist, General		
Rheumatologist, Pediatric		
Transplant Team		
Surgeon, Cardio-thoracic		
Surgeon, General		
Surgeon, Neuro		
Surgeon, Oral		
Surgeon, Otorhinolaryngologist		
Surgeon, Orthopedic, General		
Surgeon, Orthopedic, Pediatric		
Surgeon Pediatric		
Surgeon, Plastic		
Urologist		

15. TYPED NAME OF INDIVIDUAL COMPLETING REPORT	17. TELEPHONE NUMBER (Commercial/DSN)
16. SIGNATURE	

APPLICATION FOR RESPITE CAREGIVERSFor use of this form, see AR 608-75; the proponent *agency* is OACSIM**DATA REQUIRED BY THE PRIVACY ACT****AUTHORITY:** Title 5, United States Code, Section 301.**PRINCIPAL PURPOSE** To recruit and select respite caregivers.**ROUTINE USES:** To determine the prospective respite caregiver's ability to care for individuals with disabilities.**DISCLOSURE** Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite caregiver's application.

1. NAME		2. BIRTHDATE	
3. MAIDEN NAME (<i>Applicant or spouse</i>)		4. SPOUSE'S NAME	
5. ADDRESS (<i>Street, city and state</i>) (<i>Include ZIP Code</i>)		6. TELEPHONE NO. HOME: OFFICE:	7. SOCIAL SECURITY NUMBER
8. BRIEFLY DESCRIBE BACKGROUND, INTEREST, AND/OR EXPERIENCE WORKING WITH CHILDREN OR ADULTS WITH DISABILITIES			
9. AVAILABILITY FOR PROVIDING CARE DAYS <input type="checkbox"/> YES <input type="checkbox"/> NO EVENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO OVERNIGHT WEEKDAYS <input type="checkbox"/> YES <input type="checkbox"/> NO OVERNIGHT WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO WILL PROVIDE CARE: <input type="checkbox"/> IN HOME OF CLIENT <input type="checkbox"/> IN MY OWN HOME <input type="checkbox"/> NO PREFERENCE			
10. DO YOU HAVE OWN TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. AGE GROUP PREFERENCE	
12. EDUCATION (<i>High school, college, graduate studies, other</i>)			
NAME AND ADDRESS OF SCHOOL		DATES ATTENDED	MAJOR
13. EMPLOYMENT (<i>Present, and last three years</i>)			
NAME AND ADDRESS OF EMPLOYER		DATES EMPLOYED	POSITION
14. REFERENCES (<i>List three, other than relative. Example: pastor, supervisor, co-worker</i>)			
NAME AND ADDRESS (<i>Give complete mailing address</i>) (<i>Include ZIP Code</i>)			OCCUPATION
<i>I hereby certify that all statements in this application are true to the best of my knowledge and belief.</i>			
SIGNATURE			DATE

MEDICAL REPORT ON APPLICANT FOR CERTIFICATION TO PROVIDE CARE
FOR CHILDREN OR ADULTS WITH DISABILITIES

For use of this form, see AR 608-75; the proponent agency is OACSIM

NAME

DATE

FOR EXAMINING PHYSICIAN

Application is being made to obtain certification to care for children or adults with disabilities in their homes. We need to know if applicant has any health problems and the extent and significance of such problems insofar as they may affect applicant's ability to provide care to unrelated children or adults. This information is for confidential use.

CHECK APPROPRIATE BOXES AND EXPLAIN "NO" ANSWERS IN SPACE BELOW

1. IS THE APPLICANT FREE FROM ACUTE OR CHRONIC DISEASE THAT MIGHT AFFECT THE HEALTH OR DEVELOPMENT OF CHILDREN OR ADULTS UNDER CARE? ☐ YES ☐ NO

2. IN YOUR OPINION, IS THE APPLICANT FREE FROM ANY NERVOUS OR EMOTIONAL DISORDER THAT WOULD AFFECT THE WELL BEING OF THE INDIVIDUALS CARED FOR? ☐ YES ☐ NO

3. DO YOU BELIEVE THE APPLICANT IS PHYSICALLY AND EMOTIONALLY CAPABLE OF CARING FOR MENTALLY RETARDED AND/OR PHYSICALLY DISABLED CHILDREN AND ADULTS? ☐ YES ☐ NO

A CHEST X-RAY OR TUBERCULIN TEST IS REQUIRED. IF EITHER TEST HAS BEEN DONE THROUGH YOUR OFFICE WITHIN THE LAST THREE MONTHS WOULD YOU INDICATE THE DATE GIVEN AND RESULT (POSITIVE, OR NEGATIVE)

CHEST X-RAY

TUBERCULIN TEST

DATE

RESULT

DATE

RESULT

TYPED NAME AND ADDRESS OF PHYSICIAN

SIGNATURE

PERMISSION FOR RELEASE OF MEDICAL INFORMATION

I agree to the release of medical information to the ACS Respite Care Program.

SIGNATURE (Applicant)

DATE

APPLICATION FOR RESPITE CARE FOR CHILDREN AND ADULTS WITH DISABILITIES

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, United States Code, Section 301.

PRINCIPAL PURPOSE: To identify specific disability of individual requiring respite care.

ROUTINE USES: To identify specific problems that individual with disability is experiencing and to determine type of care

DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.

SECTION A - IDENTIFYING AND RESOURCE INFORMATION

1. NAME (<i>Person with disability</i>)		2. NAME (<i>Parent, guardian, or responsible family member</i>)	
3. BIRTH DATE	4. ADDRESS (<i>Include ZIP Code</i>)	5. TELEPHONE NUMBERS	
		HOME	
		MOTHER (<i>work</i>)	
		FATHER (<i>work</i>)	
6. EMERGENCY CONTACT (<i>Relative, friend, etc.</i>) {Name, address and telephone number}			

IF THIS EMERGENCY CONTACT IS NOT AVAILABLE TO SUBSTITUTE FOR THE CAREGIVER IN AN EMERGENCY, PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSON WHO HAS AGREED TO BE AVAILABLE AND TO ACCEPT RESPONSIBILITY FOR THE PERSON WITH A DISABILITY IN THE EVENT YOU CANNOT BE REACHED.

7. LIST OTHER HOUSEHOLD MEMBERS

a. NAME	b. BIRTHDATE

8. PHYSICIAN (<i>Name, address and telephone no.</i>)	9. DENTIST (<i>Name, address and telephone no.</i>)
10. PREFERRED HOSPITAL (<i>Name and address</i>)	11. REGULAR PROGRAM ATTENDED BY INDIVIDUAL (<i>School, sheltered work, etc.</i>)

12. DESCRIPTIVE INFORMATION (*Individual with Disability*)

a. DESCRIBE INDIVIDUAL'S DISABILITY

b. DESCRIBE ANY CHRONIC MEDICAL PROBLEMS A CAREGIVER SHOULD BE AWARE OF

1. LIST ANY ALLERGIES		
d. IS THERE A HISTORY OF SEIZURES (If yes, what <i>kind and how often</i>)		
DESCRIBE ANY SPECIAL EQUIPMENT THE INDIVIDUAL USES (Braces, <i>wheelchair</i>, etc.)	f. INDIVIDUAL'S HEIGHT	g. WEIGHT
h. INDICATE THE EXTENT TO WHICH THE INDIVIDUAL <u>CAN</u> DO ANY OF THE FOLLOWING:		
USE TOILET	STAND	
TRANSFER INDEPENDENTLY	WALK	
TALK	FEED SELF	
CLIMB STAIRS	BATHE SELF	
DRINK FROM A GLASS	SIT UP ALONE	
DRESS SELF	UNDERSTAND WORDS	
SECTION B - INSTRUCTIONS FOR CARE AND/OR SUPERVISION		
1. LIST ANY MEDICATION GIVEN REGULARLY AND THE PURPOSE FOR WHICH IT IS USED		
2. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING SPECIFIC MEDICAL CONDITIONS (<i>Seizures, allergies, etc.</i>)		
3. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING BODILY FUNCTIONS (<i>Toileting, transferring, mobility, feeding, etc.</i>)		

CLINICIAN'S INFORMATION

For use of this form, see AR 608-75; the proponent agency is OACSIM

PERMISSION FOR RELEASE OF MEDICAL INFORMATION

agree to the release of medical information to the ACS Respite Care Program.

(Date)

(Signature of Patient or Responsible Parent)

FOR CLINICIAN

Application is being made to the ACS Respite Care Program to receive respite care services. Respite care is temporary relief care given by caregivers, trained and certified by ACS to help children and adults with disabilities, many of whom are developmentally disabled in order to provide a respite period for family members responsible for their regular care. Respite care can vary in length from a few hours to a week or more. The program provides two levels of respite care: supervision only and personal care.

We need to know, therefore, the level of care the applicant requires and any relevant information about medical conditions and special care instructions. Would you please provide the answers to the questions on this form and give explanation when indicated. This information is for confidential use.

NAME (Patient)

BIRTHDATE

ADDRESS

IF APPLICANT REQUIRES ANY PERSONAL CARE, EXPLAIN HOW CARE IS NEEDED.

BATHING

SKIN AND HAIR CARE

SHAVING

FEEDING

TRANSFERRING

LIFTING

ASSISTIVE DEVICES

ADMINISTRATION OF MEDICATION

EXERCISING

MONITORING OF BODY FUNCTIONS

IF APPLICANT REQUIRES SUPERVISION WHEN PERFORMING CERTAIN FUNCTIONS FOR HIMSELF/HERSELF, EXPLAIN SUPERVISION NEEDED.

BATHING AND BODY CARE

TOILETING

MOBILITY

USE OF MEDICATIONS

USE OF ASSISTIVE DEVICES

MENTAL FUNCTIONS *(Including capacity for sound judgment)*

NUTRITIONAL NEEDS

OTHER

IF THERE IS ANY RELEVANT INFORMATION NOT DESCRIBED ABOVE THAT THE CAREGIVER SHOULD BE AWARE OF, PLEASE EXPLAIN.

MEDICAL CONDITIONS

MEDICATIONS

SPECIAL DIETS

OTHER

PHYSICIAN (Name, address and telephone number) (Type or print)

DATE

SIGNATURE

INFORMATION ON INDIVIDUAL WITH DISABILITY For use of this form, see AR 608-75; the proponent agency is OACSIM		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
AUTHORITY:	Title 5, USC, Section 301.	
PRINCIPAL PURPOSE:	To identify specific needs of individual with disability requiring respite care.	
ROUTINE USES:	To provide information regarding individual with disability to caregiver.	
DISCLOSURE	Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.	
1. NAME <i>(Person with disability) {Last, First, MI}</i>	2. NAME <i>(Parent, or person completing this form)</i>	
3. ADDRESS <i>(Include ZIP Code)</i>	4. TELEPHONE NUMBERS HOME _____ FATHER <i>(work)</i> _____ MOTHER <i>(work)</i> _____	
5. NAMES AND AGES OF CHILDREN IN HOME		6. AGE OF INDIVIDUAL WITH DISABILITY
NAME	AGE	
		7. WEIGHT
8. PERSONS TO CONTACT IN CASE OF AN EMERGENCY		
NAME, ADDRESS AND TELEPHONE NUMBER	NAME, ADDRESS AND TELEPHONE NUMBER	
9. GIVE BRIEF DESCRIPTION OF INDIVIDUAL'S DISABILITY		
10.a. IS SPECIAL EQUIPMENT USED (Braces, wheelchairs, etc)	10.b. IF SPECIAL EQUIPMENT IS USED, WHEN AND HOW USED	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
10.c. DOES INDIVIDUAL <i>(Check appropriate boxes)</i>		
STAND <input type="checkbox"/> YES <input type="checkbox"/> NO BATHE SELF <input type="checkbox"/> YES <input type="checkbox"/> NO WALK <input type="checkbox"/> YES <input type="checkbox"/> NO SIT UP ALONE <input type="checkbox"/> YES <input type="checkbox"/> NO DRINK FROM A GLASS <input type="checkbox"/> YES <input type="checkbox"/> NO FEED SELF <input type="checkbox"/> YES <input type="checkbox"/> NO TALK <input type="checkbox"/> YES <input type="checkbox"/> NO UNDERSTAND WORDS <input type="checkbox"/> YES <input type="checkbox"/> NO		
11. MEALTIME <i>(Please describe your typical menu for a full day)</i>		
BREAKFAST	LUNCH	DINNER
a. SPECIAL MEALTIME OR DIET INSTRUCTIONS		
b. SNACKS <i>{List, if any}</i>		
12. BEDTIME		
a. WHEN DOES HE/SHE GO TO BED	b. WHEN DOES HE/SHE TAKE NAPS	
c. SLEEPING OR BEDTIME HABITS CAREGIVER SHOULD KNOW ABOUT		

13. DAILY ACTIVITIES**a. DESCRIBE A TYPICAL DAY'S SCHEDULE****b. PROGRAM** (If in a regular program, list name, i.e. school, work, etc. and address)**c. TELEPHONE
NUMBER****d. TRANSPORTATION
PICK-UP TIME****e. RETURN
TIME****f. DAYS AND TIME** (List days of the week and times of program)**g. FAVORITE RECREATIONAL OR PLAY ACTIVITIES****14. MEDICAL INFORMATION****a. LIST ALL MEDICATION GIVEN REGULARLY****b. LIST ANY ALLERGIES****c. IS THERE A HISTORY OF SEIZURES** (If yes, what kind and how often do they occur)☐ YES ☐ NO**d. WHAT DO YOU DO WHEN SEIZURES OCCUR?****e. LIST ANY CHRONIC MEDICAL PROBLEMS OR INSTRUCTIONS THE CAREGIVER SHOULD BE AWARE OF****f. PHYSICIAN** (Name and telephone no.)**g. DENTIST** (Name and telephone no.)**h. PREFERRED HOSPITAL** (Name and Address)**i. HOSPITAL INSURANCE** (Name of company)**15.a. SPECIAL INSTRUCTIONS FOR OTHER FAMILY MEMBERS IN CAREGIVER'S CHARGE**

IMPORTANT: (BE SURE TO PROVIDE THIS INFORMATION FOR THE CAREGIVER EACH TIME YOU GO OUT)
I/WE CAN BE REACHED AT THE FOLLOWING:

15.b. LOCATION**15.c. DATE AND TIME****15.d. TELEPHONE NO.**

It is very important that the caregiver have your permission to seek medical help if needed. Please update or rewrite the permission form each time a new caregiver is in charge.

(Caregiver's name)

is in full charge of

during my absence. I give the caregiver permission to request or approve any medical attention needed by the above named individual(s), and to administer medications according to my written instructions. He/she will not be held responsible or liable in any way for any accident or illness that may occur.

(Date)

(Signature of Parent or Guardian)

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

AUTHORITY: PL 94 142 (*Education for all Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342.12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et seq.

PRINCIPAL PURPOSE: To obtain information needed to evaluate and document the special education and medical needs of:
(1) Family members of all soldiers and (2) Dependent children of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

ROUTINE USES: (1) Information will be used by personnel of the military departments to evaluate and document the special education and medical needs of family members. This information will enable --

(a) Military assignment personnel to match the needs of family members against the availability of special education and medical services.

(b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children of Department of the Army civilian employees.

(2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude --

(1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Personnel Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.

(2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with dependent children with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their dependent children transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (*and for military personnel recommendations for my next assignment*).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

SECTION B - SPONSOR INFORMATION (*please print or type*)

4. NAME (*Last, First, Middle Initial*)

5. MILITARY DEPARTMENT AFFILIATION (*Specify if Civilian*)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN
OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (*Must be a 3-line address which includes street address or P. O. Box*) (*Include Zip Code*)

10. HOME PHONE (*Include Area Code*)

11. DUTY ADDRESS (*Must be a 3-line address which includes street address or P. O. BOX*) (*Include Zip Code*)

12. DUTY PHONE (*Include Area Code*)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (*If known*)

14. PROJECTED DATE OF NEXT
ASSIGNMENT

SECTION C - FAMILY MEMBER INFORMATION (*please print or type*)

15. NAME (*Last First, Middle Initial*)

16. SEX

17. DATE OF BIRTH

18. FAMILY MEMBER PREFIX

SECTION D - EDUCATIONAL SUMMARY								
TO BE COMPLETED BY SCHOOL PERSONNEL. This information is used by the Department of Defense in selecting a duty station, including overseas locations, for this student's military sponsor. Please provide complete and accurate information.								
19. IS THIS STUDENT ELIGIBLE FOR SPECIAL EDUCATION AS DESCRIBED IN PL 94-142 OR PL 99-457 (X one)								
	a. If "NO," do not complete the remainder of this form. Sign in block at right and return form to sponsor			SIGNATURE			DATE	
	b. If "YES," complete and sign items 19b thru 30h.			SIGNATURE			DATE	
20. UNDER WHAT CRITERIA IS STUDENT ELIGIBLE FOR SPECIAL EDUCATION? (X all that apply.) (NOTE <i>Special education programs for children under the age of 5 years are not available in all overseas locations.</i>)								
a. PL 94-142 or TITLE II PL 99-457								
(x)	CODE		(x)	CODE		(x)	CODE	
	N07	Autistic		N04	Mentally Retarded		N06	Orthopedically Impaired
	N02	Blind			Mild to moderate		N08	Other Health Impaired
	N11	Visually Impaired			Moderate to severe (<i>trainable</i>)		N10	Seriously Emotionally Disturbed
	N01	Deaf			Severe to profound		N12	Specific Learning Disability
	N03	Hearing Impaired		N05	Traumatic brain injury		N09	Speech Impaired
b. TITLE I (<i>Part H</i>) PL 99-457								
<input type="checkbox"/> N13 Developmental Delay				<input type="checkbox"/> N14 At Risk for Developmental Delay				
c. If student is enrolled in DODDS, under which criteria are they qualified for special education?								
<input type="checkbox"/> Criterion A		<input type="checkbox"/> Criterion B		<input type="checkbox"/> Criterion C		<input type="checkbox"/> Criterion D		
21. PRESENT LEVEL OF PERFORMANCE (X appropriate column to indicate student's present level in each area)								
CODE		(1) No Data	(2) Normal	(3) Mild Delay	(4) Moderate Delay	(5) Severe Delay		
Q01	a. Self-Help							
Q02	b. Gross Motor							
Q03	c. Fine Motor							
Q04	d. Social							
Q05	e. Cognitive							
Q06	f. Expressive Language							
Q07	g. Receptive Language							
h. Reading Level (<i>Grade</i>)				i. Math Level (<i>Grade</i>)				
22. SERVICES REQUIRED AND LISTED ON IEP (X and complete, as applicable, or services current/y received)								
CODE		(x)	(1) Duration of Contact (Minutes)	(2) Frequency of Contact (Weekly or Monthly)	(3) Type of Service			
					Monitoring	Consult	Direct	
S01	a. Audiology							
S02	b. Counseling							
S03	c. Occupational Therapy							
S04	d. Psychological Services							
S05	e. Physical Therapy							
S06	f. Therapeutic Recreation							
S07	g. School Health Services							
S08	h. Social Work Services							
S09	i. Speech Therapy							
i. Special Transportation			<input type="checkbox"/> (1) Wheelchair		<input type="checkbox"/> (2) School Bus Attendant			
23. Does student require wheelchair accessibility in school building?			<input type="checkbox"/> YES		<input type="checkbox"/> NO			
24. Percentage of student's time spent in special education classes or resource room %								
25. Does student require residential treatment in order to benefit from educational program?			<input type="checkbox"/> YES		<input type="checkbox"/> NO			
(If Yes, describe treatment program required)								

26. Is student receiving adaptive physical education?	YES	NO
27. Is student receiving recreational education?	YES	NO
2 8. Other Comments (<i>Describe classroom placement if in special education</i>)		
SECTION E - ACKNOWLEDGMENTS		
29. SPONSOR		
a. SIGNATURE	b. DATE SIGNED	
30. SCHOOL PERSONNEL		
a. TYPED OR PRINTED NAME (<i>Last, First, MI</i>)	b. TITLE	c. TELEPHONE (<i>Include area code</i>)
d. NAME OF SCHOOL	e. ADDRESS (<i>Include Zip Code</i>)	f. SCHOOL DISTRICT
g. SIGNATURE		h. TELEPHONE (<i>Include area code</i>)
31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY		
32. FOR USE IN THE EFMP CODING PROCESS:		
a. DODDS staffing cluster codes: <input type="checkbox"/> CODE 1 <input type="checkbox"/> CODE 2 <input type="checkbox"/> CODE 3		
b. Special medical needs that need to be coordinated with overseas command?		
	YES	NO
c. EFMP CODER		

RESPIRE CARE AGREEMENT

For use of this form, see AR 608-75; the proponent agency is OACSIM

As a condition of receiving respite care services for the individual with a disability *in my/our care*, I/we agree to the following:

I/we shall not hold the _____ responsible or liable in any way whatsoever as a result of any incident which might be construed to affect adversely the health, safety, or welfare of the person with a disability or other member of the same household in the caregiver's charge, while he or she is cared for by a respite caregiver.

I/we shall provide the Respite Care Coordinator and caregivers of the Respite Care Program with all the necessary facts to enable the individual with a disability to be cared for in a healthful, safe, and responsive manner including:

Clear, written instructions on medical care and the giving of medication,

Where I/we can be reached while the individual with a disability is in the caregiver's charge, and the names and telephone numbers of an emergency contact and physician.

Clear, written descriptions of the special needs, capabilities, likes and dislikes, important habits, etc., of the individual with a disability.

I/we shall make the final decisions whether or not to utilize the services of a particular caregiver for the respite period.

I/we shall inform the Respite Care Coordinator of other household members who will also need care or supervision in my/our absence, and of any special household circumstances about which a caregiver would need to be aware.

I/we shall pay the contribution agreed upon directly to the caregiver in cash, upon completion of the respite period.

The Respite Care Coordinator shall have my/our permission to arrange for an alternate caregiver for our family member with a disability, if he/she is unable to contact us (*or the person designated by us as responsible in our absence*) to inform us that the caregiver initially providing care is unable to complete the respite period.

I/we shall provide on request to the Respite Care Coordinator my/our assessment of the performance of a caregiver who has provided a respite care service to me/us in order to assist him/her in evaluating the overall performance of that caregiver and/or the program.

SIGNATURE OF PARENT, GUARDIAN, OR RESPONSIBLE FAMILY MEMBER

DATE

SIGNATURE OF RESPIRE CARE COORDINATOR

DATE

ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552A)

AUTHORITY: PL 94-142 (*Education for all Handicapped Children Act of 1975*), PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342.12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 *et seq.*

PRINCIPAL PURPOSE: To obtain information needed to evaluate and document the special education and medical needs of:
(1) Family members of all soldiers and (2) Family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent travel is authorized at Government expense.

ROUTINE USES: (1) Information will be used by personnel of the military departments to evaluate and document the special education end medical needs of family members. This information will enable --

(a) Military assignment personnel to match the needs of family members against the availability of special education end medical services.

(b) Civilian personnel offices to determine the availability of special education and medically related services to meet the needs of dependent children and medical needs of family members of Department of the Army civilian employees.

(2) Information will be used by Army Community Service in its Exceptional Family Member Outreach Program.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude --

(1) U.S. Total Army Personnel Command, U.S. Army Reserve Personnel Center, and Army National Guard Personnel Center from enrolling soldiers in the Exceptional Family Member Program (EFMP). Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand.

(2) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with family members with special needs. Department of the Army civilian employees who refuse to provide information will be denied the privilege of having their family members transported to the duty assignment outside the United States at Government expense. For soldiers, refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.

SECTION A - RELEASE OF INFORMATION

1. I release the information on the summary and in the attached reports to personnel of the military departments for the purpose of evaluating and documenting my family member's need for special education and medical services (*and for military personnel recommendations for my next assignment*).

2. SIGNATURE OF SPONSOR OR SPONSOR'S SPOUSE

3. DATE SIGNED

SECTION S - SPONSOR INFORMATION (*please print or type*)

4. NAME (*Last, First, MI*)

5. MILITARY DEPARTMENT AFFILIATION (*Specify if Civilian*)

6. RANK OR GRADE

7. PRIMARY MOS/BRANCH/CIVILIAN
OCCUPATIONAL SERIES

8. SOCIAL SECURITY NUMBER

9. HOME ADDRESS (*Must be a 3-line address which includes street address or P.O. Box*) (*Include Zip Code*)

10. HOME PHONE (*Include Area Code*)

11. DUTY ADDRESS (*Must be a 3-line address which includes street address or P. O. Box*) (*Include Zip Code*)

12. DUTY PHONE

a. DSN

b. COMMERCIAL (*Include area code*)

13. PROJECTED LOCATION OF NEXT ASSIGNMENT (*If known*)

14. PROJECTED DATE OF NEXT
ASSIGNMENT

SECTION C - FAMILY MEMBER INFORMATION (*please print or type*)

15. NAME (*Last, First, MI*)

16. SEX

17. DATE OF BIRTH
(YYYYMMDD)

18. FAMILY MEMBER PREFIX

SECTION D - MEDICAL SUMMARY (To be completed only by a physician or other designated medical practitioner)					
MEDICAL PRACTITIONER - Please fill out this form as completely and as accurately as possible. Utilize ICD 9-CM or DSM III, if possible. List additional diagnoses and problems under "e" Explanation below.					
19. DIAGNOSES AND CARE FREQUENCY					
a. CURRENT ACTIVE DIAGNOSES	b. ICD-9/DSMIII	c. SEVERITY	d. FREQUENCY OF CARE (Insert appropriate letter)		
		A - Mild B - Moderate C - Severe	A - None C - Every 3-4 months E - Weekly B - Every 6-12 months D - Monthly		
			(1) Inpatient Care	(2) Outpatient Care	
e. Explanation of diagnoses that are not described exactly as the ICD-9 or DSM III diagnosis:					
20. CARE PROVIDERS (In column a, X the current medical providers essential for care of the patient and use the following codes to indicate frequency in column b.) A - None B - Every 6-12 months C - Every 3-4 months D - Monthly E - Weekly					
a. CODE	TYPE	b. FREQUENCY	a. CODE	TYPE	b. FREQUENCY
	C01 Allergist			C28 Obstetrician	
	C02 Cardiologist, General			C29 Orthodontist	
	C03 Cardiologist, Pediatric			C30 Pediatrician	
	C04 Dentist			C31 Podiatrist	
	C05 Dermatologist			C32 Psychiatrist	
	C06 Developmental Pediatrician			C33 Pulmonologist	
	C07 Dietary/Nutrition Specialist			C34 Podiatrist	
	C08 Endocrinologist, General			C35 Psychiatrist, General	
	C09 Endocrinologist, Pediatric			C36 Psychiatrist, Child	
	C10 Family Practitioner			C37 Psychologist, Clinical	
	C11 Gastroenterologist, General			C38 Psychologist, Clinical w/Child Exp.	
	C12 Gastroenterologist, Pediatric			C39 Rheumatologist, General	
	C13 General Medical Officer			C40 Rheumatologist, Pediatric	
	C14 Geneticist			C41 Transplant Team	
	C15 Gynecologist			C42 Surgeon, Cardio-thoracic	
	C16 Hemodialysis Team			C43 Surgeon, General	
	C17 Hematologist/Oncologist, General			C44 Surgeon, Neuro	
	C18 Hematologist/Oncologist, Pediatric			C45 Surgeon, Oral	
	C19 Immunologist			C46 Surgeon, Otorhinolaryngologist	
	C20 Internist			C47 Surgeon, Orthopedic, General	
	C21 Nephrologist, General			C48 Surgeon, Orthopedic, Pediatric	
	C22 Nephrologist, Pediatric			C49 Surgeon, Pediatric	
	C23 Neurologist, General			C50 Surgeon, Plastic	
	C24 Neurologist, Pediatric			C51 Urologist	
	C25 Nuclear Medicine Physician			C52 Other (Specify)	
	C26 Ophthalmologist, General				
	C27 Ophthalmologist, Pediatric				
21. ARTIFICIAL OPENINGS/SHUNTS (X all that apply)					
CODE	TYPE	F05	Colostomy		
F01	Gastrostomy	F06	Ileostomy		
F02	Tracheotomy	F99	Other (Specify)		
F03	CSF Shunt	NONE			
F04	Cystostomy				

22. SERVICES REQUIRED (X all that apply)

CODE	TYPE	J10	Audiology Services
J01	Cognitive Enrichment Program	J11	High Risk Newborn Follow-up Services
J02	Program for Visually Impaired	J20	Standard Therapy for Speech/Language Impairments
J03	Social Work Services	J21	Therapy for Hearing Impaired (Includes signing)
J04	Occupational Therapy	J22	Total Communication Therapy (Includes signing for hearing persons)
J05	Community Health Nurse Svcs	J23	Augmentative Speech Therapy (Uses Communication Devices)
J06	Program for Oral Motor RX	J24	Alaryngeal Speech Therapy (Rehabilitation after laryngeal surgery)
J07	Apnea Monitor Home Program	J99	Other (Specify)
J08	Physical Therapy		
J09	Community Marital Health Services		

23. ADAPTIVE EQUIPMENT NEEDS (X all that apply)

CODE	TYPE	L08	Wheelchair (Manual)
L01	Ambulatory Aids	L09	Cardiac Pacemaker
L02	Communication Aids	L10	Wheelchair (Electric)
L03	Apnea Monitor	L11	Augmentative Speech Aids
L04	Hearing Aids/Auditory Trainer	L12	Home Oxygen Therapy
L05	Artificial Limbs	L99	Other (Specify)
L06	Respiratory Aids		
L07	Braces/Splints		

24. ARCHITECTURAL CONSIDERATIONS (X if applicable)
☐

Limited Steps

☐

Complete Wheelchair Accessibility

25. MEDICATIONS (List all medications required by the patient on a routine basis, including chemotherapy, radiation therapy, psychotropic and blood products.)
26. Has this patient had cancer or leukemia in the past?
☐

YES

☐

NO

If yes, this patient has been disease-free for _____ years and has a _____ % chance of remaining disease-free.

The above statement should be completed only by a physician knowledgeable about the disease and its prognosis.

27. TREATMENT PLANNED (Describe treatment or surgery planned or likely within the next 3 years, including expected duration. List any other problems or family circumstances that should be considered in the assignment of the sponsor.)
28. HAS THERE BEEN PSYCHIATRIC CARE WITHIN THE LAST 5 YEARS? (If yes, explain inpatient and/or outpatient care with emphasis on clinical course, compliance, prognosis and participation of family members in treatment.)
☐

YES

☐

NO

SECTION E - ACKNOWLEDGMENTS

29. PATIENT OR SPONSOR:

The above medical information has been reviewed and found to be accurate and complete.

a. SIGNATURE

b. DATE SIGNED

30. MEDICAL PRACTITIONER

a. TYPED OR PRINTED NAME OF MEDICAL PRACTITIONER COMPLETING THE DA FORM 5862-R

b. TELEPHONE NUMBER *(Include Area Code)*c. ADDRESS OF MEDICAL PRACTITIONER *(Include Zip Code)*

COMMERCIAL

DSN

L SIGNATURE OF MEDICAL PRACTITIONER

e. DATE SIGNED

PHYSICIAN'S AUTHENTICATION *(To be signed when a medical practitioner other than a physician completes the DA Form 5862-R.)*

g. TYPED OR PRINTED NAME OF PHYSICIAN

h. RANK OF PHYSICIAN *(typed or printed)*TITLE OF PHYSICIAN *(typed or printed)*j. GRADE OF PHYSICIAN *(typed or printed)*

k. SIGNATURE OF PHYSICIAN

L DATE SIGNED

31. FOR USE BY MEDICAL COMMAND AND ASSIGNMENT PERSONNEL ONLY

32. FOR USE IN THE EFMP CODING PROCESS

a. Child is in RTF receiving medical care not available overseas; assign with individual case consideration. ☐ YES ☐ NO

b. Stateside medical related assignment recommendation:

☐ A - Small Hospital☐ C - infrequent use of medical center☐ B - Large Hospital☐ D - Frequent use of medical center

c. EFMP CODER

EXCEPTIONAL FAMILY MEMBER PROGRAM INFORMATION SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: PL 94-142 (*Education for All Handicapped Children Act of 1975*); PL 95-561 (*Defense Dependents' Education Act of 1978*); DODI 1342-12 (*Education of Handicapped Children in DODDS*), 17 December 1981; DODI 1010.13 (*Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States*), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 et. seq.

PRINCIPAL PURPOSE: To identify the special education and medical needs of dependent children and medical needs of adult family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

ROUTINE USES: Information will be used by civilian personnel offices to determine the need for coordinating the availability of medically related services to meet the special needs of dependent children and medical needs of family members of Department of the Army civilian employees processing for an assignment to a location outside the United States where dependent family member travel is authorized at Government expense.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude--
(1) Civilian personnel offices from performing required EFMP aspects of overseas processing of Department of the Army civilian employees with family members with special needs.

(2) Transportation of family members of Department of the Army civilian employees to duty assignments outside the United States at Government expense.

CONFIDENTIALITY: Information obtained will be maintained in strict confidence and provided only to those with an official need to know in identifying special needs and in processing personnel for assignments outside the United States.

PART A - GENERAL INFORMATION

ALL EMPLOYEES TAKING AN ASSIGNMENT IN A LOCATION OUTSIDE THE UNITED STATES WHERE FAMILY MEMBER TRAVEL IS AUTHORIZED AT GOVERNMENT EXPENSE MUST COMPLETE THIS FORM. EMPLOYEES WHO DO NOT HAVE FAMILY MEMBERS MUST COMPLETE BLOCKS 1-7 AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT BELOW,

1. SPONSOR'S NAME (<i>Last, first, MI</i>)	2. SPONSOR'S SOCIAL SECURITY NUMBER
3. SPONSOR'S TITLE	4. SPONSOR'S GRADE
5.a. SPONSOR'S HOME ADDRESS	6. SPONSOR'S HOME PHONE (<i>Include area code</i>)
5.b. SPONSOR'S DUTY ADDRESS	7. SPONSOR'S DUTY PHONE a. DSN b. COMMERCIAL (<i>Include area code</i>)

PART B - FAMILY MEMBERS AUTHORIZED TRAVEL OUTSIDE THE UNITED STATES

8. NAME (<i>Last, first, MI</i>)	9. RELATIONSHIP	10. DOB (<i>YYYYMMDD</i>)	11. SEX
a.			
b.			
c.			
d.			
e.			

12. PLEASE READ ALL OF THE FOLLOWING QUESTIONS VERY CAREFULLY AND SIGN THE APPROPRIATE CERTIFICATION STATEMENT IN k. BELOW.

a. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LONG TERM (*i. e., more than one year's duration*) PHYSICAL OR EMOTIONAL ILLNESS?

b. ARE ANY OF THE ABOVE FAMILY MEMBERS BEING SEEN AT A HOSPITAL OR CLINIC REGULARLY? ("*Regularly*" means about every 2 months or more often and 4 or 5 times a year or more often.)

c. WILL ANY OF THE ABOVE FAMILY MEMBERS NEED TO BE SEEN AT A HOSPITAL OR CLINIC OUTSIDE THE UNITED STATES REGULARLY BASED ON THEIR PRESENT MEDICAL CONDITION?

d. HAVE ANY OF THE ABOVE FAMILY MEMBERS BEEN TOLD THEY SHOULD BE SEEN REGULARLY AT A HOSPITAL OR CLINIC BUT ARE NOT BEING SEEN?

e. ARE ANY OF THE ABOVE FAMILY MEMBERS ENROLLED IN A SPECIAL EDUCATION PROGRAM?

f. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A LEARNING DISABILITY?

g. ARE ANY OF THE ABOVE FAMILY MEMBERS BLIND, DEAF, OR HARD OF HEARING?

h. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A SPEECH PROBLEM THAT REQUIRES THE SERVICES OF A SPEECH THERAPIST?

i. DO ANY OF THE ABOVE FAMILY MEMBERS HAVE A PHYSICAL DISABILITY THAT COULD AFFECT THEIR LEARNING?

j. DO ANY OF THE ABOVE FAMILY MEMBERS REQUIRE PROFESSIONAL COUNSELING REGARDING PROBLEM BEHAVIOR, SUCH AS ABUSE OF ALCOHOL OR DRUGS, RUNNING AWAY, SKIPPING SCHOOL, OR OTHER DELINQUENT-TYPE ACTS?

k. SIGN ONE OF THE CERTIFICATIONS BELOW

(1) I CERTIFY THAT I DO NOT HAVE FAMILY MEMBERS,

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(2) I CERTIFY THAT MY ANSWER TO EACH OF THE ABOVE QUESTIONS IS NO FOR EACH OF THE FAMILY MEMBERS LISTED ABOVE.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

(3) I CERTIFY THAT ONE OR MORE OF MY ANSWERS TO THE ABOVE QUESTIONS IS YES REGARDING A FAMILY MEMBER LISTED ABOVE. (*Check appropriate block below*)

☐ I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL WITH ME CONCURRENTLY.

☐ I INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL ON A DELAYED BASIS.

☐ I DO NOT INTEND THAT THE FAMILY MEMBER OR FAMILY MEMBERS WILL TRAVEL TO MY NEW DUTY LOCATION OUTSIDE THE UNITED STATES. I UNDERSTAND THAT A DA FORM 5862-R (ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM MEDICAL SUMMARY) AND DA FORM 5291 -R (ARMY EXCEPTIONAL FAMILY MEMBER PROGRAM EDUCATIONAL SUMMARY) (WHEN APPLICABLE) MUST BE COMPLETED ON THE FAMILY MEMBER OR FAMILY MEMBERS AND PROVIDED TO THE CIVILIAN PERSONNEL OFFICE SHOULD I, AT A LATER DATE, DECIDE TO HAVE THE FAMILY MEMBER OR FAMILY MEMBERS JOIN ME AND THIS MUST BE ACCOMPLISHED PRIOR TO THEIR ARRIVAL AT THE LOCATION OUTSIDE THE UNITED STATES.

(a) SIGNATURE OF SPONSOR

(b) DATE (YYYYMMDD)

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) REPORT For use of this form, see AR 608-75; the proponent agency is OACSIM				REQUIREMENT CONTROL SYMBOL CSGPA- 1730	
PART A - INSTALLATION/MACOM IDENTIFYING DATA					
1. INSTALLATION MAILING ADDRESS <i>(Include ZIP Code)</i>		2. NAME OF MACOM		3. REPORTING PERIOD <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <i>(Month- Year)</i> <i>(Month-Year)</i> </div>	
4. NAME OF INSTALLATION EFMP MANAGER <i>(Last, first, MI)</i>		5. GRADE OF INSTALLATION EFMP MANAGER	6. RANK OF INSTALLATION EFMP MANAGER	7. TELEPHONE NUMBER OF INSTALLATION EFMP MANAGER <div style="display: flex; justify-content: space-between;"> DSN COMMERCIAL <i>(Include area code)</i> </div>	
8. NAME OF DPCA OR DCA		9. GRADE OF DPCA OR DCA	10. RANK OF DPCA OR DCA	11. SIGNATURE OF DPCA OR DCA	
12. NAME OF MTF COMMANDER <i>(or designee)</i>		13. RANK OF MTF COMMANDER <i>(or designee)</i>		14. SIGNATURE OF MTF COMMANDER <i>(or designee)</i>	
PART B - FISCAL DATA					
SECTION I - FUND			ALLOCATION		
15. ARMY COMMUNITY SERVICE (ACS) <div style="text-align: right; margin-right: 50px;">DOLLARS</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> OMA OACS MDEP </div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> UNAPPROPRIATED FUND ALLOCATION </div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>			16. ARMY MEDICAL DEPARTMENT (AMEDD) <div style="text-align: right; margin-right: 50px;">DOLLARS</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> DEFENSE HEALTH PROGRAM (DHP) MDEP HSHC </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> OTHER (Specify) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> TOTAL APPROPRIATED FUND ALLOCATION </div>		
SECTION II - OPERATIONAL COSTS					
		ACS		AMEDD	
17. MILITARY SALARIES AND BENEFITS					
18. CIVILIAN PERSONNEL SALARIES AND BENEFITS					
19. CONTRACTS					
20. SUPPLIES					
21. EQUIPMENT					
22. TDY TRAVEL AND/OR MISSION ESSENTIAL CONFERENCES					
25. TOTAL OPERATIONAL COSTS					

PART C - PERSONNEL DATA

26a. Position Title	b. Rank or Grade	c. MOS or GS	d. No. of Requirements	e. No. of Authorizations	f. Filled Authorizations	g. Filled Overhire	h. Filled Temporary

Position Title (Cont)	i. Filled Contract	j. Unfilled Recruiting	k. Unfilled Not Recruiting	27. INSTALLATION EFMP MANAGER
				a. DOES THE INSTALLATION HAVE AN EFMP MANAGER WHOSE PRIMARY RESPONSIBILITY IS TO COORDINATE, IMPLEMENT, AND MONITOR THE INSTALLATION EFMP? <input type="checkbox"/> YES <input type="checkbox"/> NO
				b. INDICATE THE PERCENTAGE OF THE EFMP MANAGER'S TIME THAT IS DEDICATED TO EFMP DUTIES. _____

PART D - SERVICE DELIVERY (ACS)

28. SERVICES PROVIDED

i. TOTAL NUMBER OF SINGLE CONTACTS	c. AWARENESS BRIEFINGS (1) COMMAND (a) NO. OF SESSIONS	(3) COMMUNITY (a) NO. OF SESSIONS	d. EDUCATION AND TRAINING (1) UNIT (a) NO. OF SESSIONS	(3) TOTAL (a) NO. OF SESSIONS
j. CASE MANAGEMENT AND COUNSELING (1) TOTAL CASES	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE
(2) TOTAL INDIVIDUALS	(2) UNIT (a) NO. OF SESSIONS	(4) TOTAL (a) NO. OF SESSIONS	(2) COMMUNITY (a) NO. OF SESSIONS	
(3) TOTAL HOURS	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	(b) NO. OF PEOPLE	

PART D - SERVICE DELIVERY (ACS), Continued

29. PROGRAM SUPPORT

a. RECREATIONAL PROGRAMS		b. CULTURAL PROGRAMS		c. PARENT SUPPORT GROUPS		d. RESPITE CARE		
NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	NO. OF PROGRAMS	NO. OF PARTICIPANTS	(1) NO OF ARMY CERTIFIED RESPITE CARE HOMES		
						ACS	CDS	TOTAL
						(2) NO. NEW RESPITE HOMES CERTIFIED		

PART E - SERVICE DELIVERY (AMEDD)

30. UNITED STATES					TOTAL NO. OF PATIENTS SERVED				TOTAL HOURS				
(1) SCREENING OF FAMILY MEMBERS													
(a) ROUTINE HEALTH CARE													
(b) OCONUS FAMILY MEMBER DEPLOYMENT SCREENING													
(2) COMPLETION OF EFMP MEDICAL SUMMARIES													
(3) EVALUATIONS FOR DIAGNOSIS AND CODING													
(4) CODING													
(5) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS													
(6) INDIVIDUALIZED EDUCATION PROGRAM (IEP) STAFFINGS													
(7) ASSISTANCE VISITS TO MEDICAL DEPARTMENT ACTIVITIES (Medical center teams only)													
(8) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS													
31. OUTSIDE OF THE UNITED STATES					TOTAL NO. OF VISITS				TOTAL NO. OF PATIENTS SERVED				TOTAL HOURS
					ARMY	NAVY	AIR FORCE	OTHER	ARMY	NAVY	AIR FORCE	OTHER	
(1) SCREENING OF FAMILY MEMBERS													
(a) ROUTINE HEALTH CARE													
(b) OCONUS FAMILY MEMBER DEPLOYMENT SCREENING													
(2) COMPLETION OF EFMP MEDICAL SUMMARIES													
(3) EVALUATIONS FOR DIAGNOSIS AND CODING													
(4) EVALUATIONS FOR SPECIAL EDUCATION ELIGIBILITY													
(5) CODING													
(6) TREATMENT PERTAINING TO IEP													
(7) EDUCATION/TRAINING PROVIDED TO HEALTH AND EDUCATIONAL PROFESSIONALS													
(8) IEP STAFFINGS													
(9) EDUCATIONAL/MEDICAL CONSULTATIONS (Teachers and Parents)													
(10) ADMINISTRATIVE TIME NOT CALCULATED IN PATIENT VISITS													
					TOTAL NO. OF REPORTS				NO. OF CHILDREN ENROLLED IN EFMP PRIOR TO ASSIGNMENT		NO. OF CHILDREN NOT ENROLLED IN EFMP		
32. REPORTS OF UNAVAILABILITY OF MEDICALLY RELATED SERVICES													

PART F - SERVICE DELIVERY (HOUSING)

33. EFMP REQUESTS SUBMITTED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	TOTAL NUMBER
34. EFMP REQUESTS APPROVED FOR EXCEPTION TO HOUSING ASSIGNMENT POLICY	
35. HOUSING UNITS SPECIFICALLY MODIFIED FOR EXCEPTIONAL FAMILY MEMBERS	
(a) AVERAGE COST OF MODIFICATION PER UNIT _____ (Dollars)	
(b) AVERAGE TIME REQUIRED TO COMPLETE MODIFICATION _____ (Days)	

PART G - SERVICE DELIVERY (CPO)

36. CIVILIAN EMPLOYEES PROCESSED FOR AN ASSIGNMENT OUTSIDE THE UNITED STATES	
37. CIVILIAN EMPLOYEES IDENTIFIED AS HAVING A DEPENDENT CHILD WITH SPECIAL EDUCATION AND MEDICALLY RELATED SERVICE NEEDS RELOCATING OUTSIDE THE UNITED STATES	
38. CIVILIAN EMPLOYEES IDENTIFIED AS HAVING FAMILY MEMBERS WITH MEDICAL NEEDS RELOCATING OUTSIDE THE UNITED STATES	

PART H - PROGRAM SYNOPSIS

39. PROGRESS
40. PROBLEM AREAS
41. PROJECTED CHANGES

FAMILY MEMBER DEPLOYMENT SCREENING SHEET

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC Section 3013.

PRINCIPAL PURPOSE: Personnel support.

ROUTINE USES: To validate family member deployment screening, and to provide gaining command with data to assist in making an assignment decision.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond may preclude successful processing of an application for family member travel/command sponsorship and may lead to appropriate administrative or disciplinary action against the soldier.

PART A - SOLDIER/FAMILY MEMBER DATA

1. NAME OF SOLDIER <i>(Last, first, MI)</i>	2. SOCIAL SECURITY NUMBER	3a. RANK	3b. MOS/BRANCH
4a. HOME ADDRESS	5a. DUTY ADDRESS		6. DATE OF EDAS CYCLE OR RFO (OFF) DATE
4b. HOME PHONE NO. <i>(Include Area Code)</i>	5b. DUTY PHONE a. DSN b. COMMERCIAL <i>(Include area code)</i>		

7. FAMILY MEMBERS

a. NAME	b. RELATIONSHIP	c. DOB {YYYYMMDD}	d. HOME ADDRESS

8. AUTHENTICATION

a. MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY REPRESENTATIVE'S NAME	c. RANK <i>(Grade)</i>	d. SIGNATURE
b. TITLE	e. DATE	

PART B - FAMILY MEMBER SCREENING RESULTS

9. NAME	EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ENROLLMENT (Check <i>one</i>)				
	a. NOT WARRANTED	b. CONSIDERATION WARRANTED <i>(Date sent for Coding)</i>	c. SUBSTANTIAL CHANGE SINCE ENROLLMENT		
			NO	YES	DATE SENT FOR CODING

10. ARMY MEDICAL TREATMENT FACILITY (MTF) EFMP MEDICAL PRACTITIONER COMPLETING THIS FORM

a. PRINTED NAME OF MEDICAL PRACTITIONER	b. SIGNATURE	c. DATE
d. ADDRESS	e. PHONE NUMBER <i>(Include Commercial and DSN)</i>	

11. ARMY MTF EFMP PHYSICIAN'S AUTHENTICATION *(To be signed when a medical practitioner other than a physician completes this form.)*

a. TYPED OR PRINTED NAME OF PHYSICIAN	b. TITLE	c. RANK
d. SIGNATURE	e. DATE	

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) SCREENING QUESTIONNAIRE For use of this form, see AR 608-75; the proponent agency is OACSIM			NAME OF MEDICAL TREATMENT FACILITY		
DATA REQUIRED BY THE PRIVACY ACT OF 1974					
AUTHORITY:		PL 94-142 (<i>Education for all Handicapped Children Act of 1975</i>), PL 95-561 (<i>Defense Dependents' Education Act of 1978</i>); DODI 1342.12 (<i>Education of Handicapped Children in DODDS</i>), 17 December 1981; DODI 1010.13 (<i>Provision of Medically Related Services to Children Receiving or Eligible to Receive Special Education in DOD Dependents Schools Outside the United States</i>), 28 August 1986, 10 USC 3013; 20 USC 921-932 and 1401 <u>et seq.</u>			
PRINCIPAL PURPOSE:		To obtain information needed to evaluate and document the special education and medical needs of family members. This will permit consideration of special education and medical needs of family members in the personnel assignment process.			
ROUTINE USES:		Information will be used by personnel of the Military Departments to evaluate and document special education and medical needs of family members for consideration in personnel assignments.			
DISCLOSURE:		The provision of requested information is mandatory. Failure to respond will preclude U.S. Total Personnel Command from enrolling soldiers in the EFMP. Soldiers who knowingly refuse to enroll exceptional family members will receive, at a minimum, a general officer letter of reprimand. Refusal to provide information may preclude successful processing of an application for family travel/command sponsorship.			
SERVICE MEMBER'S NAME/RANK		SOCIAL SECURITY NUMBER		DATE	
BRANCH	U N I T		DUTY PHONE		
PROJECTED PCS ASSIGNMENT	DSN		HOME PHONE		
PROJECTED PCS DATE	HOME ADDRESS		DUTY ADDRESS		
LIST ALL FAMILY MEMBERS		FAMILY MEMBER PREFIX	SEX	DATE OF BIRTH	CHECK IF ENROLLED IN EFMP
PLEASE ANSWER ALL QUESTIONS - FOR FAMILY MEMBERS ONLY					
MEDICAL					
1. Do any family members, excluding service member, have any medical records (<i>civilian or military</i>) other than the records you have provided us to screen? If yes, please list conditions/services received and address of provider.					YES <input type="checkbox"/> NO <input type="checkbox"/>
FAMILY MEMBER	CONDITIONS/SERVICES		NAME/ADDRESS OF PROVIDER		
2. In the past five (5) years, have any members of your family, excluding service member, been hospitalized, excluding hospitalization for normal uncomplicated childbirth? If yes, please explain.					YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME		REASON			
3. Are any members of your family, excluding service member, currently receiving medical (<i>includes mental health</i>) or educational services from any providers other than a general practitioner or family practice physician?					YES <input type="checkbox"/> NO <input type="checkbox"/>

4. Are any family members, excluding service member, taking any prescribed medication other than birth control pills on a regular basis? YES <input type="checkbox"/> NO <input type="checkbox"/>					
NAME		PRESCRIBED MEDICATION			
5. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? <i>(You will have an opportunity to discuss all "YES" answers with a screener.)</i>					
a. Problems with sight <i>(other than corrected by glasses)</i>	YES	NO	g. Asthma, allergies or other respiratory problems	YES	NO
b. Problems with hearing			h. Cerebral Palsy		
c. Heart condition			i. Delayed Speech		
d. Seizure disorder			j. Sickle Cell Trait/Disease		
e. Loss of mobility <i>{requiring use of a wheelchair/walker or aid in mobility}</i>			k. Cancer		
Diabetes			l. High blood pressure		
			m. Other, if yes, explain		
MENTAL HEALTH:					
6. In the past five (5) years, have any members of your family, excluding service member, been treated for, or had any problems related to any of the following? <i>(You will have an opportunity to discuss all "YES" answers with a screener.)</i>					
a. Referral to, diagnosed by, or therapy with a Psychiatrist, Psychologist, or Social Worker in reference to a mental health problem	YES	NO	d. Alcohol and drug use or abuse	YES	NO
			e. Emotional problems		
b. Depression			f. Behavioral problems/acting out behavior		
c. Suicidal thoughts/ideas, gestures, attempts			g. Received therapy <i>(marital, family, individual or group counseling)</i>		
7. Have any members of your family, excluding service member, been in any of the following? Inpatient Psychiatric Facility, Residential Treatment Center, Group Homes, Day Treatment Centers, Drug and Alcohol Treatment Rehabilitation Center. If Yes, please explain:				YES <input type="checkbox"/>	NO <input type="checkbox"/>
EDUCATION					
8. Do any of your children now have, or have they ever had, any of the following?					
a. Slow development <i>(infants and preschoolers)</i>	YES	NO	d. Counseling services for school-related problems	YES	NO
b. Learning problems <i>(school)</i>					
c. Special services <i>(i.e., OT, PT, Speech, etc.) for special education</i>			e. Mental retardation		
9. Are any of your children receiving Special Education help in school <i>(not in regular class placement and on an Individual Education Plan (IEP))</i> ? If yes, who?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>According to AR 608-75, Exceptional Family Member Program, soldiers will provide accurate information as required when requested to do so by Army officials. Knowingly providing false information in this regard may be the basis for disciplinary or administrative action. For soldiers, refusal to provide information may preclude successful processing of an application for family travel or command sponsorship.</p> <p>Commanders will take appropriate action against soldiers who knowingly provide false information, or who knowingly fail or refuse to enroll family members that meet the criteria for enrollment. <i>(A false official statement is a violation of Article 107, Uniform Code of Military Justice (UCMJ).)</i> These actions will include, at a minimum, a general officer letter of reprimand.</p> <p>All the above information is true and correct to the best of my knowledge. I understand that it is my responsibility to provide any information about changes in medical or educational status for all members of my family, after the date indicated below, and prior to PCS move.</p>					
PRINTED NAME OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM		SIGNATURE OF MILITARY SPONSOR OR SPOUSE COMPLETING THIS FORM		DATE	
PRINTED NAME OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN		SIGNATURE OF PHYSICIAN OR MEDICAL PRACTITIONER IF UNDER THE SUPERVISION OF A PHYSICIAN		DATE	

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) ASSESSMENT GUIDE

For use of this form, see AR 608-75; the proponent agency is OACSIM

AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
1. Full time EFMP manager has been designated to manage the installation EFMP. If not, indicate percentage of time manager devotes to EFMP.					
2. EFMP manager participates in training.					
3. EFMP manager's office is accessible to persons with disabilities.					
4. EFMP manager submits annual budget request to ACS director.					
5. Installation EFMP committee meets at least quarterly.					
6. Comprehensive EFMP committee minutes are presented to the installation commander for approval.					
7. A copy of EFMP minutes is furnished to medical treatment facility (MTF) commander.					
8. EFMP committee minutes are on file.					

AGENCY: ARMY COMMUNITY SERVICE (ACS)					
ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
9. EFMP representation is appropriate.					
10. Special Needs Resource Team (SNRT is a subcommittee of installation EFMP committee.					
11. SNRT memberships appropriate.					
12. Installation EFMP standing operating procedure is on file.					
13. EFMP roster is established.					
14. Relocating soldier's EFM needs are assessed prior to departure.					
15. Relocating soldier's EFM needs are shared with gaining command prior to arrival.					
16. EFMP families assisted in developing solutions to EFMP issues and problems.					
17. EFMP is monitored per AR 608-75.					

AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y E S	N O	RESPONSIBLE individual/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
18. Special education and health-related services directory is updated annually.					
19. DA Form 4723-2-R (Health-Related Survey - Individual Facility Report) is used to collect health-related data.					
20. Health-related data is collected in coordination with the MTF managed care office.					
21. Existing information sources are used to collect special education data.					
22. ACS advises military personnel agencies on health-related services after coordinating with MTF managed care office.					
23. Families are informed about military and civilian community support services.					
24. Family members are provided with information about rights and responsibilities under laws.					
25. ACS facilities EFMP support groups.					
26. Relocating families of exceptional school age children obtain information for transitioning to the new school per para 2-5b(2), AR 608-75.					

AGENCY: ARMY COMMUNITY SERVICE (ACS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
27. Relocating families with exceptional school age children are linked with school officials and medical providers.					
28. ACS assists in the IEP process upon request of parents.					
29. Family-find activities are implemented.					
30. Respite care is provided for children.					
31. Respite care is provided for adults.					
32. Recreational and cultural activities are provided for exceptional family members.					

AGENCY: ARMY MEDICAL DEPARTMENT

ITEM	Y E S	N O	RESPONSIBLE individual/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
1. EFMP medical chief has been designated to manage and supervise the overall medical operation of EFMP.					
2. EFMP medical chief ensures that eligible family members are coded and EFMP summary forwarded for enrollment per para 3-1, AR 608-75.					
3. EFMP medical chief has appointed an EFMP point of contact.					
4. EFMP point of contact performs responsibilities in para 1-27c, AR 608-75.					
5. Medical resourcing needs are identified and reported to the MTF commander.					
6. EFMP training is provided to MTF medical practitioners.					
7. Standing operating procedures are on file.					
8. EFMP medical chief provides professional technical assistance to ACS in development and execution of family-find activities.					
9. EFMP medical chief attends installation EFMP committee meetings					

AGENCY: ARMY MEDICAL DEPARTMENT

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
10. EFMP medical chief provides or coordinates medical evaluations for disabling conditions of EFMs from birth to 21 years of age.					
11. EFMP medical chief provides or coordinates assistance to adult EFMs in concert with capabilities of local MTF.					
12. EFMP medical chief participates in MTF quality improvement program.					
13. EFMP medical chief provides medical treatment at locations in U.S. per para 2-3, AR 608-75.					
14. EFMP medical chief provides treatment outside U.S. per para 2-3, AR 608-75.					
15. EFMP medical chief supervises EFMP multidisciplinary medical teams outside U.S.					
16. EFMP medical chief ensures that multidisciplinary teams outside U.S. perform responsibilities in para 1-28, AR 608-75.					
17. EFMP medical chief performs the responsibilities of the medically related services liaison officer in para 1-28f, AR 608-75.					
16. OCONUS family member deployment weaning is completed per para 2-1b, AR 608-75.					

AGENCY: ARMY MEDICAL DEPARTMENT

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
19. Family members have the same priority as active duty military for purpose of OCONUS family member deployment screening and evaluation.					
20. DA Form 7246-R is completed prior to face-to-face screening.					
21. Family members <i>(children and adults)</i> are screened during routine health care visits.					
22. DA Form 5571 and SF 600 are documented at least annually that patient does or does not have a condition warranting referral for EFMP.					
23. SF 600 is documented when an enrollment referral has been made to the MTF EFMP point of contact.					
24. Physicians are directed to refer soldiers for EFMP enrollment immediately upon diagnosis of an eligible condition of a family member.					
25. Families with EFMs are provided accurate information regarding benefits of TRICARE, CHAMPUS, and managed care program.					
26. Statistical data for DA Form 5864-R and other pertinent EFMP information are provided to installation EFMP manager.					

AGENCY: MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include <i>required action</i>)
1. EFMP standard operating procedure is on file.					
2. Soldiers are queried about an EFM during inprocessing.					
3. Soldiers are queried about an EFM during readiness processing.					
4. Soldiers are queried about an EFM during reassignment interview.					
5. Soldiers are queried about an EFM during outprocessing.					
6. Soldiers with known or suspected exceptional family members are referred to the installation EFMP manager for assessment.					
7. Rosters of referred soldiers are forwarded to the installation EFMP manager, at a minimum, weekly.					
8. OCONUS family member deployment screening is implemented per para 2-1b, AR 608-75.					
9. DA Form 4787, DA Form 5888-R, and all EFMP documentation are processed expeditiously.					

AGENCY: MILITARY PERSONNEL DIVISION/PERSONNEL SERVICE COMPANY

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
10. Soldiers are deferred (except AIT soldiers) until notification is received from OCONUS travel approval authority about available EFMP services.					
11. Local statistical data and other pertinent EFMP information are provided to the installation EFMP manager.					
12. Representative is provided to the installation EFMP committee.					

AGENCY: CIVILIAN PERSONNEL OFFICE

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include <i>required action</i>)
1. Standing operating procedure is on file.					
2. Facility is accessible to persons with disabilities.					
3. All civilian employees relocating outside U.S. where family member travel is authorized at government expense complete DA Form 5863-R.					
4. DA Form 5863-R is retained on left side of relocating civilian employee's official personnel folder when special needs do not exist.					
5. DA Form 5863-R is forwarded to HQDA (CFSC-FSA) when relocating civilian employee's family member has special needs.					
6. Coordination occurs with gaining DODDS regional office before employees relocates outside U.S. with children requiring special education.					
7. Coordination occurs with gaining medical activity before employee relocates outside U.S. with family members with medical needs.					
8. All civilian employees relocating outside the U.S. are referred to ACS for general information about the new duty station.					
9. Procedures exist for identifying and imposing sanctions against civilian employees who refuse to participate in EFMP.					

AGENCY: CIVILIAN PERSONNEL OFFICE

ITEM	YES	NO	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
10. Statistical data for DA Form 5864-R and other pertinent information on EFMP are provided to installation EFMP manager.					
11. Representative is provided to the installation EFMP committee.					

SUMMARY of CHANGE

AR 608-75

Exceptional Family Member Program

This revision --

- o Transfers responsibilities from the Office of The Surgeon General to the U.S. Army Medical Command in accordance with restructuring of the Army Medical Department (para 1-18).
- o Requires initial entry training soldiers to identify exceptional family members during reception battalion inprocessing (para 1-29).
- o Expands use of appropriated funds for respite care (para 2-5).
- o Strengthens interface with other military Services regarding Exceptional Family Member Program enrollment (para 3-1).
- o Modifies EFMP processing procedures for civilian employees (paras 1-6 and 3-3).
- o Contains medical and educational criteria for enrolling soldiers with exceptional family members in the program (app B).
- o Revises family member deployment screening guidance (app E).
- o Modifies DA Form 4723-2-R (Health-Related Survey-Individual Facility Report), DA Form 5862-R (Army Exceptional Family Member Program Medical Summary), DA Form 5863-R (Exceptional Family Member Program Information Sheet), and DA Form 5864-R (Exceptional Family Member Program (EFMP) Report).
- o Prescribes new DA Form 7351-R (Exceptional Family Member Program (EFMP) Assessment Guide).

AGENCY: CHILD DEVELOPMENT SERVICES (CDS)

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
1. EFMP standing operating procedure for CDS programs is on file.					
2. Facility is accessible to persons with disabilities.					
3. All CDS delivery systems are available to children with disabilities through SNRT process.					
4. Technical assistance requirements are outlined to the installation EFMP manager prior to CDS delivery of services to children with disabilities.					
5. Special needs training is provided to CDS staff.					
6. Local statistical data and other pertinent information on EFM children served by CDS are provided to the installation EFMP manager.					
7. CDS representation is provided to the installation EFMP committee and the SNRT.					
8. CDS works with installation EFMP committee to identify funding sources to support CDS special needs inclusion costs.					
9. Coordination is accomplished with SNRT on youth identified as needing transition from CDS to YS programs.					

AGENCY: YOUTH SERVICES (YS)					
ITEM	Y E S	N O	RESPONSIBLE individual/AGENCY	COMPLETION DATE	COMMENTS <i>(Include required action)</i>
1. EFMP standing operating procedure for YS programs and activities is on file.					
2. Facility is accessible to persons with disabilities.					
3. All YS programs and activities are available to children with disabilities as determined through SNRT process.					
4. Technical assistance requirements are outlined to the installation EFMP manager prior to delivery of services for youth with disabilities.					
5. Coordination occurs with SNRT on youth identified as needing transition from CDS to YS programs and activities.					
6. Special needs training is provided to YS staff.					
7. YS representation is provided to installation EFMP committee and SNRT.					
8. YS works with installation EFMP committee to identify funding sources to support YS special needs inclusion costs.					
9. Local statistical data and other pertinent information on EFM youth served by YS are provided to the installation EFMP manager.					

AGENCY: COMMUNITY RECREATION

ITEM	Y E S	N O	RESPONSIBLE INDIVIDUAL/AGENCY	COMPLETION DATE	COMMENTS (Include required action)
1. EFMP standing operating procedure for community recreation programs and activities is on file.					
2. Facility is accessible to persons with disabilities.					
3. Individuals with disabilities are provided reasonable accommodation.					
4. Technical assistance requirements are outlined to installation EFMP manager prior to delivery of services for individuals with disabilities.					
5. Special needs training is provided to community recreation staff.					
6. Local statistical data and other pertinent information on EFMP are provided to installation EFMP manager.					
7. Representative is provided to the installation EFMP committee.					

Unclassified

PIN 071778-000